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TWENTY-SIX WEEKLY NUMBERS.—AUGUST 1845, TO FEBRUARY 1846.

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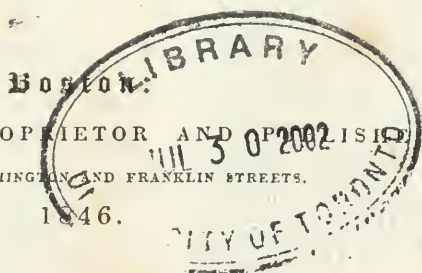
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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIII. WEDNESDAY, AUGUST 6, 1845.

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No. 1.

## QUARANTINE LAWS.

Extract from the Proceedings of the Physico-Medical Society of New Orleans.

At a regular meeting of the Physico-Medical Society of New Orleans, held Saturday evening, 15th February, 1845, an article read by Dr. Hort, on the subject of Quarantine laws, was on motion of Dr. Farrell, referred to a committee of five, to report at a subsequent meeting. The President appointed on said committee Drs. Farrell, Hort, Jones, Anson and Dowler.

At the regular meeting of the same Society, Saturday evening, May 10th, the following report was submitted by the committee and unanimously adopted.

The committee appointed to report on the expediency of Quarantine laws as a means of preventing the importation of yellow fever into this city, beg leave to state, that in considering this subject they have felt the responsibility which appertains to questions affecting the health and prosperity of the city, and the lives of the inhabitants.

That while they admire and appreciate the ability with which several eminent medical men have advocated the contagiousness of yellow fever, its importation from the Eastern into the Western hemisphere, and the consequent necessity of the establishment of Quarantine laws, they nevertheless consider that the weight of testimony and of facts is immeasurably on the other side of the question; and which opinion is further confirmed by their own experience and observation.

That they can see no reason why the same local and general causes, under the same circumstances, or very nearly so, should not produce similar results in the production of malignant fevers, in both hemispheres of the world.

That where sufficient causes exist to engender disease in one place, it is useless to speculate on the question of its importation from some other place.

That in reviewing the history of yellow fever for one hundred and fifty years past, the committee have come to the conclusion that it was developed, as were many other malignant diseases, before unknown, by the march of civilization urged forward by commercial enterprise.

That in this way, in the course of time, yellow fever became developed in both hemispheres, confined within nearly the same parallels of latitude, and forming distinct yellow fever regions, in addition to the regions of cholera and plague.

That in the gradual progress of civilization, measures have been adopted, and changes of climate have taken place, which have greatly diminished the yellow fever region in this hemisphere; and that its northern limit is now twelve degrees south of what it was a hundred years ago, in the time of Lind.

That this great result has been accomplished, not by quarantine laws, but by other judicious police regulations, together with great changes in the local features of countries; and those atmospherical changes, over which man has no control.

That quarantine laws, even should their existence be deemed necessary, are inadequate to the protection of a seaport of easy access; as Dr. Rush says, that a *still more rigid* quarantine called for in 1797, in Philadelphia, failed to accomplish the purpose desired. In 1805, the same fact is affirmed by Dr. Rogers, health officer at New York. In 1822, if imported, the system again failed at New York (and in this city, it signally failed in 1820 or '21, when a rigid quarantine was established at the English turn.)

The committee are therefore of opinion, that quarantine laws are unnecessary and inexpedient for the protection of the city.

That even if they did prevent the importation of yellow fever (admitting for one moment, for argument sake, that the disease might be imported), they could not at any rate prevent the existence of diseases equally fatal; such as the congestive fever, and the malignant types of intermitting and remitting fevers.

That facts seem clearly to prove, that the yellow fever has decreased in malignity, in a ratio with the improvements of the city—as the draining of the land in the rear of the city; the paving of the streets; the filling up of empty lots; the use of asphaltum; permitting the river water to run through the streets, when the river is high; and the removal of filth and offal from the streets.

That instead of quarantine laws, the measures last alluded to, should be steadily persevered in, and carried, by an enlightened policy, to a still greater extent; which would not only have a tendency to avert yellow fever, but all other malignant diseases, peculiar to our climate and position, at a particular season of the year.

The committee, in conclusion, sum up this report by declaring:

That they believe the yellow fever to be a disease of local or domestic origin, and that it is not an imported disease.

That it is never contagious.

That it may be made to yield to judicious police regulations.

That quarantine laws are very expensive to the community, and that they are not only unnecessary and inexpedient, but worse than useless. They therefore recommend:

1. That the commissaries in each ward be required to look into back yards and lots; and be authorized to cause everything offensive to be promptly removed.

2. That the different Councils of the city should exert themselves to the utmost in their official capacity, to have the surface of the earth cov-

ered over with something, to prevent the exhalations from the alluvial soil on which the city is built; either round or paving stones, or bricks, or shells and sand, or asphaltum.

3. That the owners should be compelled by law to fill up all low swampy lots within the limits of the city.

4. That all offal deposited in the streets should be promptly removed; and if possible, before the heat of the day.

5. That whenever the river is high, the water should be allowed to run through the streets day and night: and that when it is too low, the water works, or if necessary, additional works established for the purpose, should be brought into play.

6. That above all, particular attention should be paid by the city authorities, to the alluvial bank, particularly under the wharves of the Second Municipality, which is annually uncovered as the river falls, exposing an immense surface of fresh deposit, covered with every kind of decaying vegetable and animal matter, which daily accumulates, either carried there by eddy currents of the river, or thrown in by the inhabitants.

The committee deem this last consideration to be of the highest importance, as there is every reason to believe that the bank of the river, under the wharves, is more productive of disease in the summer than all other causes in the city, combined.

7. That instead of depositing the filth and offal collected in the streets by the scavengers, in empty lots or in the rear of the city, it is recommended to the city authorities to have all such filth and offal thrown into the current of the river.

They would also observe, that the measures just recommended would not be attended with one-fourth of the expense of a quarantine establishment properly conducted; while, should they be pushed forward with zeal and energy, the time might, and no doubt would, ere long arrive, when New Orleans would no longer be within the yellow fever region; and consequently exempt, not only from that pestilence, but from all the other fatal diseases of the summer and fall, peculiar to our climate and to our position. This accomplished—what would there remain to retard the growth and prosperity of our city? She would speedily accomplish her high destiny, and in less than a quarter of a century become the most wealthy, prosperous and populous city in the western hemisphere.—*New Orleans Med. Jour.*

#### CASE OF INJURY OF THE HIP, BY A FALL, WITH EXFOLIATION OF THE BONE.

By John M. Ross, M.D., of Marion, Mississippi.

THE case which I propose to detail, if it furnishes nothing new in principle or practice, affords, at least, a striking illustration of the *vis medicatrix naturæ*, and of the aid which it is often in our power to render to her curative efforts, by slight surgical interference.

The subject of the injury and operation which I am about to describe,

was a negro man, aged 45 years, of robust frame and good health. Eight years ago he fell from the second story of a house, by which he received a severe contusion in the right hip, but no fracture that could be discovered. The parts were lacerated to a considerable extent, as well as bruised. From bad management, or because the injury was more serious than was suspected at the time, he did not recover from the wound for near a twelve month. About that time he was able to resume his active occupation, and all that remained of the injury was a dull, dragging pain in the parts that had been wounded, the pain increasing in wet or cloudy weather, as also during any disease. He remained in this condition until Friday, the 13th of March last, when he was suddenly taken with a severe pain in the hip, extending to the lumbar region, accompanied with a severe chill, which was followed by fever. On Saturday the pain extended to the abdomen, and was more severe. The chill and fever also returned. These regular returns continued, with increased pain and soreness, until Tuesday, the 17th, when I was called in great haste to see him.

I found him suffering excruciating pain, and much prostrated; his countenance was haggard, pupils much dilated; a cold, clammy perspiration covered his entire surface. The abdomen was remarkably tender on pressure, and he experienced great difficulty in discharging his urine. It was ascertained that large quantities of pus passed from his bowels; his pulse was about 40 in a minute; he complained of the lower part of his bowels mostly, and said that he could feel something hard there.

From these alarming symptoms, I entered into a close examination, and soon found a spicula of bone lodged in the rectum, so near the external orifice, that I could get hold of it with a common pair of forceps; it was, however, apparently fast and immovable, being held by its rough, serrated edges.

Having the patient in a convenient posture, I made further examination with a probe, and soon found that the bone had not yet passed into the rectum, but was just entering. In size the bone was about one inch and a half in length, and three quarters of an inch in width, with an irregular, rough appearance. Finding that it could not be removed without an operation, I made an incision by a scalpel, having introduced a grooved director through the anus, and along the superior margin of the bone to its full extent. The cut extended about three quarters of an inch, and the bone was extracted with a pair of forceps. But little hemorrhage ensued, nor was the quantity of pus discharged as great as I had expected. The operation was completed by bringing the edges of the wound together and applying simple dressings. Afterwards I gave the patient twenty drops of laudanum, and thirty drops of tincture of catechu, and ordered that he should abstain from all highly-seasoned or stimulating food and drinks. His pulse soon rose to about 70, and he fell into a tranquil sleep, in which state he remained until the following morning. The next day after the operation, I returned and found him in a state of perfect ease. I ordered him to take two ounces of castor oil, and permitted him to drink a small quantity of soup; directed that he be kept



in a perfect state of rest. in a recumbent posture. Returned next day, and found my patient quite cheerful, without any discharge of pus, bowels open, skin moist, tongue clean, no appearance of inflammation, divided parts healing well. pulse about 75. I again ordered oil to keep the bowels soluble, and put the patient upon a low diet. I saw him again on the 20th; everything was progressing well; no pain or fever. The same directions to be continued. My visits were now discontinued, and I saw him no more until a few days since, when he had regained his strength, felt his hip stronger than it had been before for eight years, and with less pain in it; in a word, as he expressed it himself, feeling like a new man.—*West. Jour. Med. and Surg.*

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#### CASE OF INTUSSUSCEPTION.

DR. S. J. JEAFFRESON related the following case at a late meeting of the Royal Medical and Chirurgical Society.

The case was that of a young man, aged 17, to whom the author was called on the 26th of May, 1844. He was laboring under general febrile symptoms; there was an anxious expression of countenance; the abdomen not tender under pressure, but becoming tympanitic; nothing could be retained on the stomach; the matters vomited had a grass-green appearance; there was painful tenesmus without evacuations. Calomel and opium, purgatives of senna, croton oil, &c., with turpentine glysters, were used up to the 28th, without success. On that day, the author considered that decided symptoms of inflammation of the bowels and peritoneum had set in; the belly was generally tender, especially in the left hypochondrium, where a distinct hard tumefaction was observed; leeches, fomentations, &c., were used in addition to the other means, but no evacuations took place until the 31st, when there were very copious and offensive discharges from the bowels, and the vomiting ceased. From this date, the patient gradually recovered, copious evacuations took place, charged with much gelatinous-looking mucus, and, on one occasion, a small quantity of blood.

On the 8th of June there was discharged from the bowels what the author supposed to be either a portion of the small intestine, or a cast of it (of coagulable lymph). It was about two inches and a half or three inches in length, and of a tubular form, smelt horribly putrid, and one or two minute points presented the appearance of sphacelus. After this, with some slight interruption, the patient recovered. The substance voided was examined under the microscope by Mr. Toynbee, who stated that he found cellular tissue, traces of bloodvessels, and nerves and epithelium.

Mr. Dalrymple, who also examined it, thought that involuntary muscular fibre might also be detected, but could not speak positively from the preparation having been placed in spirits of wine for some time.

The author draws attention to one point in the treatment—namely, the abstinence from any active depletion on the 28th, when symptoms of



inflammation had decidedly set in. At this period, he observes, a free evacuation of blood would probably have reduced the inflammatory action and relieved the immediate sufferings of the patient; but it might also have masked the symptoms and checked the reparative processes of adhesive inflammation, on which the recovery of the patient depended.

Dr. Webster agreed with Dr. Jeaffreson, that cases of recovery after a portion of the bowel had been strangulated and sloughed away, were exceedingly rare. He had some years since attended, with Dr. Webster, of Dulwich, a case, in which at first the symptoms were very obscure. After a time, however, a portion of the bowel, twenty-seven inches in extent, was expelled, and the patient recovered. The preparation was in University College Museum.

Dr. C. J. B. Williams was surprised that both the author of the paper and Dr. Webster had considered that cases of this description were very rare. They might be so, it was true, in the experience of a single individual, but they were by no means uncommon in the records of British and foreign medicine. In the tropics, particularly, portions of intestine, of feet and not inches, in length, were frequently expelled, as the result of dysentery. He had lately read in the Transactions of the Medical Society of Bombay several instances, in which two or three feet of intestine were thrown off. This seemed the way, indeed, in which a cure from intussusception was effected by the efforts of nature.

Dr. Burrows inquired the experience of any surgeons in tropical climates, with respect to the cases in question.

Mr. Fitzmaurice, as a retired army surgeon, who had long practised in Ceylon, remarked, that it was not uncommon for a portion of bowel to be thrown off in severe cases of dysentery, when affecting the native soldiery—the Europeans generally escaped. This form of disease was called “slough dysentery,” and it was common for six, eight, twelve, or even eighteen inches of intestine to come away. Many preparations illustrative of this were in the museum of Woolwich.

Dr. Webster, in his observations, had referred to the disease as rare in this country. It might be comparatively frequent in hot climates.—*London Lancet.*

#### POST-MORTEM CALORICITY OF YELLOW FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The kindness with which you have mentioned a portion of my humble labors, inspires me with new zeal, and is, at the same time, a proof that a generous sympathy is not wanting in our noble profession. I have copied the following unpublished cases, illustrating the *post-mortem caloricity of yellow fever*, hoping that they may prove worthy of a place in your pages.

Please accept the esteem and gratitude of your humble servant,

BENNET DOWLER.

New Orleans, July 15th, 1845.

CASES.—*The morbid caloricity, very great and uniform, from one to two hours after death, dissipates itself equally and simultaneously in the epigastrium and thigh.* October 2d, noon; room  $84^{\circ}$ . I. S., a German butcher, aged 29; last from Havre; resident eleven days; sick nine days; dead one hour; neck quite rigid, arms and legs moderately so; corneæ brilliant and natural, &c.; [at the commencement of the experiments, both pupils were dilated—one eye was closed—its pupil remaining stationary; the other pupil, after exposure to light, contracted in an hour; all the while the covered cornea was natural, while the exposed one, from desiccation, became dim or glassy;] axilla in 20 minutes,  $106^{\circ}$ ; the thigh in 10 m.  $106^{\circ}$ ; the left chest in 15 m.  $106^{\circ}$ ; the thigh in 5 m.  $106^{\circ}$ ; the epigast. in 10 m.  $106^{\circ}$ —5 m.  $105^{\circ}$ ; thigh in 5 m.  $105^{\circ}$ —10 m.  $104^{\circ}$ —three hours dead.

*The thigh gives the maximum—the whole mass at about  $106^{\circ}$ , as long as observed.* N. E., born in Italy, aged 25; last from Marseilles; resident seventeen days; sick six days; dead twenty minutes; [abdomen concave, recti muscles contracted into hard knotty ridges; neck rigid; limbs flexible; the arm was extended—an axe or large hatchet being tied in the palm, the flexors of the fore-arm were struck with the inferior edge of my extended hand; the subject raised the fore-arm, carrying the weight, about three lbs., several times, striking the same near the centre of the trunk, at several places from the umbilicus to the upper end of the sternum, &c.—See Note.]—axilla 8 minutes,  $106^{\circ}$ ; perineum (closing the limbs) 5 m.  $104^{\circ}$ ; axilla 5 m.  $106^{\circ}$ —6 m. over  $106^{\circ}$ —3 m. same; thigh 4 m.  $105^{\circ}$ —5 m.  $106\frac{1}{2}^{\circ}$ ; epigast. 4 m.  $106^{\circ}$ —2 m.  $106^{\circ}$  and over; left chest 6 m.  $105^{\circ}$ ; thigh 9 m.  $106\frac{1}{2}^{\circ}$ ; left chest 5 m.  $104^{\circ}$ ; epigast. 5 m.  $106^{\circ}$ ; thigh over  $106^{\circ}$ , at about two hours after death, when the experiments were abandoned.

*Two hours after death the heat continues to augment—soon reaches its maximum, continuing stationary, except a slight oscillation, for two hours—at the sixth hour, the law of atmospheric refrigeration prevails.* Miss I., aged 23—skin very cold to the touch in the last stage of the black vomit. Died at 10 A. M., Sept. At noon air about  $80^{\circ}$ ; two hours after death—axilla in 5 m.  $102^{\circ}$ ; vagina 5 m.  $104^{\circ}$ —5 m.  $105^{\circ}$ —10 m.  $105^{\circ}$ ; axilla 5 m. nearly  $104^{\circ}$ —10 m. the same. Three hours after death, vagina 5 m.  $104^{\circ}$ ; epigast. 7 m.  $105^{\circ}$ —3 m. falling—8 m.  $104^{\circ}$ ; vagina 5 m.  $104^{\circ}$ , falling; rectum 5 m.  $104^{\circ}$ . Four hours after death, epigast. 5 m.  $104^{\circ}$ —3 m.  $104^{\circ}$ ; vagina 5 m.  $104^{\circ}$  nearly. Six hours after death, axilla and thigh each  $100^{\circ}$ ; epigast.  $103^{\circ}$ .

*The thigh the hottest, but cools pari passu with the centre, contrary to the law of refrigeration in dead matter.* F. L., born in, and last from, France, aged 53; resident two months; sick eleven days; died Sept. 13th, at 5 P. M.; room  $86^{\circ}$ —10 m. after death, axilla  $102^{\circ}$ ; knees by contact, without incision, 4 m.  $102^{\circ}$ ; rectum 5 m.  $104^{\circ}$ ; axilla 5 m.  $104^{\circ}$ ; thigh 3 m.  $104^{\circ}$ —6 m.  $106^{\circ}$  and over; epigast. 4 m.  $106^{\circ}$  and over; thigh 3 m. nearly  $108^{\circ}$ —3 m.  $108^{\circ}$  fully—5 m. fell to  $104^{\circ}$ ; left lung 5 m.  $104^{\circ}$ —right, in 5 m. over  $103^{\circ}$ ; the other thigh 3 m.  $104^{\circ}$ —2 m.  $104^{\circ}$ —3 m.  $104^{\circ}$ ; base of the right lung  $103^{\circ}$ ; thigh

(old incision)  $103^{\circ}$ ; epigastrium  $103^{\circ}$ . Nineteen hours after death; room  $86^{\circ}$ ; epigast.  $89^{\circ}$ ; thigh  $89^{\circ}$ ; left chest  $88^{\circ}$ —right  $89^{\circ}$ ; middle of the arm  $89^{\circ}$ ; calf of the leg  $86^{\circ}$ , exactly agreeing with the air. This subject, before rigidity set in, performed supination, pronation and flexion most beautifully. When the arm was extended at a right angle with the trunk, a blow over the biceps, not sufficient to injure the living, caused the fore-arm to bend, carrying the hand to the chest repeatedly.

*Calorific focus in the epigastrium; in two hours the thigh exceeds the heart in temperature more than  $4^{\circ}$ .* F., born in Cincinnati; steam boatman; aged 24; resident eleven days; treated with foot-bath, cups, enemata, sponging with hot brandy, carb. ammon., sinap., camphor, phos. calcis, cold to the head, arteriotomy. Aug. 29, 11 A. M., air  $83^{\circ}$ ; sick eight days; hand 15 m.  $104^{\circ}$ ; axilla 10 m.  $105^{\circ}$ . Sept. 1st, 1 P. M., room  $84^{\circ}$ . Dead half an hour; axilla 5 m.  $101^{\circ}$ —2 m.  $104^{\circ}$ —2 m.  $105^{\circ}$ —2 m. over  $106^{\circ}$ —2 m. same; thigh 5 m. over  $106^{\circ}$ —2 m.  $107^{\circ}$ —2 m.  $108^{\circ}$ —2 m.  $107^{\circ}$ ; axilla 5 m.  $107^{\circ}$ ; left epigast. 3 m.  $109^{\circ}$ —2 m.  $109^{\circ}$ ; right epigast. 5 m.  $109^{\circ}$ ,—at sundry places by perforating the linea alba,  $106^{\circ}$ ; thigh 5 m. over  $106^{\circ}$ —5 m. same; base of the lungs and heart each  $102^{\circ}$ —an hour after removing the abdominal viscera, the thigh gave  $33^{\circ}$  of Réaumur, or more than  $106^{\circ}$  of Fah. [A blow given with the flat side of the hatchet, over the biceps, caused the hand to be placed against the ear; a second blow carried it to the nipple; a third brought it to the perpendicular; a fourth gave but a feeble motion to the hand, without elevating the fore-arm. The blows had been purposely severe; the contractility was killed; the muscle became inelastic or doughy, receiving the impression of the instrument from the last stroke. An hour after the other arm was very contractile.]

NOTE.—*Post-mortem* muscular contractility, and its very curious laws, I accidentally noticed several years ago; its production, duration and decline were all new to me. I have sought in vain for any satisfactory record of these phenomena, except in connection with galvanism. Had I time, I could turn to my MS. volumes containing some cases wherein this property continued six to seven hours after death, and hours after amputating the shoulder, with all its muscles—the fore-arm flexing so violently as to turn the shoulder over, causing the deltoid to rest on the table, instead of being uppermost, as it was before the muscular action. It is my intention to give an outline of this subject, as soon as convenient. I certainly do not wish to indulge any unwarrantable pretensions to discovery. Perhaps every body knows the facts to which I allude. But it is strange that our teachers do not show these experiments to students; they are infinitely preferable to the mummery of galvanism. A blow with the professor's hand will explain more of muscular contraction, than a thousand words. The muscles may all be even severed except the flexors of the fore-arm—the latter being dissected bare—the whole process and duration of contraction pass before the eyes, even after the amputation of the shoulder, proving that the spinal marrow is not necessary “to the contractile function of the limbs,” as said by Dr. Hall.\* Generally,

\* Vide the able work of Dr. M. Hall, New Syst., p. 42.

muscular rigidity (*rigor mortis*) first begins, and first ends, in the neck; *post-mortem* refrigeration takes place first in the head—these, with many other phenomena, incline me to think that soon or late it will be admitted that death, usually, if not always, begins in the brain, and that the body dies downward along the centre, and then outwardly, notwithstanding all that the illustrious Bichat has said of death beginning in the heart and lungs. The biceps muscle outlives any of the organs called vital.

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#### THERAPEUTIC APPLICATION OF ARSENIC, &c.

By Daniel Holt, M.D., New Haven, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THIS article has been long held as a powerful remedial agent, and as it is a violent poison when misapplied, we have every reason to believe it a powerful remedy when well chosen, for a poison and a medicine are but the same thing in different circumstances. Still it is often given with little effect, and sometimes we fear only to do injury. I apprehend it is given too indiscriminately, without definite indications for its use. It is called a tonic, but in many cases of pure debility will have little or no effect, in any dose which it will be safe to continue; as an alterative it is useless in many cases, or until a quantity is given which makes the effect of the remedy as bad as the disease. But in other cases its effects, either as an alterative or tonic, are speedy and permanent. My opinion has long been that there are particular pathological conditions, in which this article (as is the case with many other remedies) is especially appropriate, and in these conditions, whatever the disease may be, though it will exist in some diseases more than others, it produces its specific effect to the condition, and hence it cures. Dr. Ellsworth (who, by the way, has made some very correct observations) would call it a "specific stimulant" effect. I conceive it acts as a tonic, only by so changing the diseased action of some of the parts concerned in digestion, assimilation, or nutrition, as to make more red blood. It is considered especially valuable in diseases of a periodical character. Still, all periodical diseases are not benefited by it, whether they are neuralgic, marsh intermittent, or remittent, though it is one characteristic of the condition indicating arsenic as a remedy, that it is more effective in a periodical disease, other things being equal, than where all the symptoms are continuous, whatever the disease may be; but it is an effectual remedy in a great variety of diseases both acute and chronic, and in some cases its effects are speedy, where the conditions of the system are such as to obtain its effects. Arsenic is generally more effectual in diseases of debility, but more especially those attended with a vitiated state of the system, with bad secretions. When some or many of the following symptoms attend a particular disease in which arsenic is used as a remedy, we may, I think, depend upon much more beneficial results than when the opposite obtains:—general debility; a pale, bloated or earthy countenance, distorted features, with a cold bluish



appearance of the surface, disposed to petechiæ; paroxysms of whatever nature, occurring especially late in the day, attended with general prostration; derangement of the alimentary canal; a white or brown clammy state of the mouth, and the whole tract of the alimentary canal, as it were, indicating a tendency to incipient gangrene; green and dark evacuations, with general disturbance of the stomach and bowels, attended with burning sensation, and vitiated and profuse secretions. Where many of these symptoms are present, in a great variety of diseases, it will be found a valuable remedy, and will often of itself in a short time produce a great change in all the symptoms, and restore the healthy functions; the appetite and strength will improve, as the morbid symptoms disappear. We have often given it in typhus and other fevers; in inflammations, in bowel complaints, acute and chronic; in the various nervous affections, scrofula, cutaneous affections, &c., and where most of the above symptoms were present, indicating a peculiar state of the system, have seen the most decided effects. Whereas, when we have given it in those diseases in which it is commonly recommended, and found it to fail, an opposite state of the system has generally been observed. I have given it in a case of severe cough of two or three weeks standing, where there was great coldness and debility, loss of appetite, nausea, periodical nightly spasmodic cough with free and unhealthy secretion, and all the symptoms were relieved *instantly*, as it were; indeed the patient would scarcely cough after commencing the remedy. So in other diseases, when rightly given.

This, however, is not peculiar to this article; it will hold true with many, and probably most, of our most efficient medicinal agents. It is certainly true of mercury, of iodine and its preparations, of quinine, of nit. silver, of ammonia, &c.; and hence these articles have been classed differently by different writers, and viewed differently by different practitioners. If they are appropriately given, they seem to act as tonics; that is, they remove the unhealthy condition. If they are given improperly, if not directly reducing they become so by allowing the disease to continue. Every medicine has its appropriate condition, in which its effects are manifested to best advantage, but which has been too much overlooked by the medical profession. There are, in my view, few medicines which are specific to particular diseases, but many which are so to particular conditions of the system, and when so applied, cure "*cito certe et jœunde*." The profession in general have been too much upon general principles in the application of remedial agents to the cure of disease, and have neglected the specific application of particular remedial agents to particular morbid or pathological conditions.

#### INFLUENCE OF CLIMATE, IN WESTERN AFRICA, ON THE MIND.

[THE writer of the following letter, addressed to the Rev. Joseph Tracy, of Boston, Secretary of the Massachusetts Colonization Society, is Dr. Eugenbeel, whose name has been frequently brought before the medical



public. It is from a source of such respectability, as to entitle it to the fullest consideration. Dr. Lugenbeel is Colonial Physician and a resident of Liberia.]

Dear Sir,—Your letter bearing date December 6th is now before me, and I beg you to accept my grateful acknowledgments for the same, and for the interesting pamphlet which you kindly sent me.

Correct answers to the inquiries you make, relative to “the influence of the climate, or acclimating fever, of Western Africa, on the mind,” are not less difficult than important; for, as you are aware, much more extensive and protracted observations are necessary, to enable one to form a correct opinion, relative to the effects of disease on the mental, than on the physical system. That a very great sympathy exists between the mind and the body, even in a state of health, there can be no question. And in all kinds of fevers, in all climates, this sympathy is obvious, to a greater or less extent. That the health of the body depends, in a great measure, on the healthy condition of the mind, and *vice versa*, no one can doubt. And, in the treatment of physical diseases, the judicious physician takes advantage of this, and endeavors to enjoin quietude and *cheerfulness* of mind on his patients; which, in some cases, are *sine qua non*s to their restoration to health. This course is especially necessary in the treatment of the acclimating fever of this country; for it is obvious to all who have carefully observed the effects of fevers on the mind, in this country and in the United States, that the physico-mental sympathy is more clearly exhibited in the former, than in the latter. Indeed, the greatest difficulty that I have to contend with, in the treatment of the fever which usually attacks new comers, within a few weeks or months after their arrival in this country, is to prevent that mental depression or despondency which is so frequently an attendant on the disease. And I have invariably found, in cases in which the patients obstinately and pertinaciously yielded to despondency, and abandoned all hope of getting well, that, sooner or later, their expectations were realized, and death closed the scene. A striking instance of this kind occurred a few weeks ago, in one of the last company of immigrants. The individual, a man about 30 years of age, was the first of the company who was taken sick; and, although his attack was not very violent, and although the urgent symptoms yielded readily to appropriate medical treatment, yet from the onset until his death, a period of about two weeks, he seemed to be determined not to get well; and I found it impossible to inspire him with the least degree of hope. I felt particularly interested in this case; for I was apprehensive that, if it terminated fatally, the result might have an injurious effect on the minds of some of the rest of the company. But, so well convinced were they that he might have recovered, had he exercised a little more patience, and not been so obstinate, that my fears were dissipated even before he died. On the other hand, I have had the charge of cases, in which I had much more cause to apprehend death, in consequence of the violence of the disease, than in the case to which I have alluded; and yet, by being able to induce the patients to banish all

gloomy forebodings, and to bear their afflictions with patient resignation, I have had the satisfaction of seeing them recover, in a reasonable time.

There are comparatively few cases, in which more or less mental despondency does not exist. I have seen several individuals who were all life and cheerfulness, before they were taken sick; but as soon as the fever had taken hold of them, the scene was changed, and they scarcely appeared like the same persons. This depression of spirits generally subsides gradually, after the subsidence of the fever. But as most persons are more or less subject to irregular intermittents, for some weeks or months after the first attack of fever, they are also liable to irregular exhibitions of mental despondency; and I generally find that the condition of the mind, as regards cheerfulness or depression, is strikingly characteristic of the condition of the physical system. It is not unusual for me to visit patients on one day, and find them cheerful and contented; and on the following day, find them melancholy and dejected, and disposed to exaggerate their sufferings; and perhaps, in answer to my inquiries relative to their feelings, they will tell me that they cannot get well.

And here I would remark, that I have observed with pleasure, and have experienced in my own case, the salutary influences of religion on the diseases of this country, to a greater extent than I ever observed, during a practice of two years in the United States. Whenever I have been called to a patient, whose heart and mind were sufficiently influenced by divine grace, to enable him to trust implicitly in God, and to submit patiently to any and every dispensation of Providence, I have been enabled to enter on the performance of the responsible duties of my profession, with far more encouragement of success, than in cases of an opposite character. And, in regard to my own case especially, I confidently believe that the comforts and consolations of religion have had more influence in the preservation of my health, than anything else. When the sting of death is thus removed, the prospects of life in Africa are vastly augmented.

But, as I apprehend your inquiries refer particularly to the permanent effects of the climate and fever on the mind, I will endeavor to state the substance of my observations on this point. And first, permit me briefly to state my own case; for, although I congratulate myself in not yet having become insane, yet I cannot say that, during a residence of fifteen months in Africa, my mind has not become in some measure affected by the peculiarities of this climate, or by the frequent slight attacks of fever which I have experienced. The principal effect that I have observed in my own case, is an impairment of the memory. I find that I cannot retain anything that I read or hear, with as much facility as I formerly could; and many things which were once almost as familiar to my mind as my own name, have "gone glimmering, like the dream of things that were." I also find that I cannot apply my mind to any particular object or objects, either in reading, writing, or meditation, for any considerable length of time, without becoming more or less confused, and experiencing an almost irresistible tendency to wander into the trackless regions of unbridled imagination, or into the visionary fields of unprofitable musings.

I believe that I could acquire more knowledge, by study, in three months in the United States, than I could in a year in Africa.

Another effect which I think I have observed in my own case, is a greater degree of irritability of temper. Notwithstanding I believe I enjoy more religion in this country—live nearer to a throne of grace—than I did in the United States: yet I find more difficulty in preserving an equanimity of mind, amidst the cares of life—an evenness of temper, amidst the changing scenes of time. My mind is more apt to become ruffled by things of comparatively minor importance; and I think I observe a greater tendency to loquacity, and unprofitable disputations; especially when I am feverish, which is frequently the case, even when I am able to go about and attend to the duties of my vocation. The little difficulties of life are also, in imagination, increased in magnitude—the mole-hill sometimes seems like a mountain; and, instead of stepping over the one, I am more inclined to prepare for a flight across the other.

These effects are perhaps more or less observable in the large majority, if not in all cases, of individuals who emigrate from the United States to this country. I have frequently heard persons say that their memory is not as good as it was in America; and, in regard to irritability of temper, I have no doubt that all intelligent and candid persons will acknowledge that they experience a greater liability to err in this respect, in Africa, than they did in America.

In regard to the influence of the climate and fever on different classes of persons, with reference to color, age, habits and intellectual culture; I think my observations justify me in saying, that persons of dark complexion are less liable to be injuriously affected, both physically and mentally, than those of lighter color—the ratio being, *ceteris paribus*, in proportion to the depth of color of the skin. The young are less liable to be affected than the old. And persons of industrious habits and enterprising spirits are, of course, less liable than those of an opposite character. In regard to persons of cultivated intellects, contrasted with the uneducated, I think the former are more liable to mental injury, than the latter, simply from the fact that the fever has more to operate on.

I cannot say, however, that any peculiar traits of character are produced by the influence of the climate, or the acclimating fever of Western Africa; or that permanent mental alienation, or insanity, is more common in Liberia than in the United States. Insanity is by no means common among the natives; and I know of only two really insane persons in the Colony. On the whole, I cannot perceive that the climate, or the acclimating fever, of this coast, has any very marked permanent effect on the human mind, other than the effects to which I have alluded; and even those may be only temporary—dependent, in a great measure, if not altogether, on the frequent febrile exacerbations, to which such persons are subject, in whom those effects are most clearly exhibited.

In answer to your inquiry respecting the interior limits of the fever region, I cannot give anything very satisfactory, in consequence of the circumscribed extent of my observations. From frequent conversations, however, with persons who have travelled to the distance of from 100 to

200 miles inland, I am satisfied that the country, even within 50 miles of the coast, is comparatively healthy. The land is mountainous, the water pure, and the temperature of the atmosphere congenial to the feelings. There can be no doubt that beyond the influence of the low, swampy ground, along the coast, the liability to disease is much less, and the chance of a long life much greater. It is very evident, however, that the physical system of every individual who removes from a temperate climate to a tropical one, must undergo some change—must experience some process of acclimation; which may or may not be attended with much fever, according to circumstances—to the constitutional peculiarities of the individual, the nature of the surrounding country, mode of living, &c. This change, no doubt, must be experienced, whether the individual locates in an elevated region in the interior, or in the immediate neighborhood of the pestiferous swamps along the coast. But, of course, the liability to active or violent disease would be much less in the former than in the latter location; and the individual would, perhaps, be entirely exempt from those frequent irregular attacks of intermittent and remittent fevers, to which all are exposed while residing in the vicinity of low, marshy land.

I think it is very probable that I could enjoy as good health in the mountainous regions of Africa, within less than one hundred miles from the coast, as I could in many parts of the United States.

Yours truly, J. W. LUGENBEEL.

#### PROTRACTED WAKEFULNESS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Some four or five months ago, you said that a correspondent in Wisconsin had inquired if I yet slept; and asked me to reply. I was then gathering strength, and had hope that, with improved health, the blessing would again be restored; but with the month of May came debility and miserable nights.

On the 18th inst., I embarked in a steamboat bound for Bangor, which sailed at 5 o'clock. P. M. The sea air was refreshing, and the voyage, during night, under a full moon, altogether delightful.

About 7 next morning, I landed at Camden, was immediately welcomed by a friend, taken to his house, and introduced to a fine family. After breakfast, expressing desire to go to the top of the rocky hill adjoining the village—the lowest of a range called the Camden Mountains—my friend sent his son with me, who, gun-in-hand, was my conductor to the summit, some seven or eight hundred feet above the level of the sea. There, we spent the forenoon, enjoying charming prospects of Penobscot Bay, studded with islands, and the surrounding country varied in every way, so far as the eye could reach. The hill is overspread with whortleberry and blueberry bushes; so, when fatigued, we had only to drop down, as on a sofa, and partake of delicious fruit.

After dinner, my friend drove me, in a carriage, some five miles back



into the country—the greater part of the way, along the margin of Migunticook Lake, and under a terrific precipice, whose huge boulders every moment threaten destruction. In fact, the whole of a bright sunny day, cooled with healthful zephyrs, was spent in pleasurable excitement. Interesting conversation beguiled the evening; and, after family worship, I sunk to rest in a luxurious curtained bed. Ere long, I slept; and, about 5 o'clock next morning, was awakened by the crowing of the cock. This was the only night's sleep I have had these last six years and seven months; so held me God. Since then, my nights have been tedious, as usual, without sleep, and some of them distressing. Yours faithfully,

Marlboro' Hotel, Boston, July 31, 1845.

ROB. F. GOURLAY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1845.

*Volume Thirty-three.*—With this number, another volume of this Journal is commenced. In looking back on the past, we find that twenty years have wrought extraordinary changes in the circle of our acquaintance. While each revolving year brings new friends and patrons, those who have cheered us on the way, and befriended us in early days, both by their counsel and literary assistance, are fast leaving the stage. It is a sad reflection, that those who entered upon the active pursuits of professional toil with us, are thus gradually narrowing down to a small company. But with regard to many of them the odor of a good name remains; a man's meritorious deeds live, though he is mouldering into dust.

As the fashions of garments change, so do opinions and theories in medicine. There have been many such revolutions since this Journal was established, and the people who advanced them, and who wrote with energy and contended, with becoming dignity, in maintaining great principles on many grave subjects, are not only forgotten themselves, but their efforts also. A new class of thinkers, writers and practitioners are rising into prominent notice. They profit by the learning of their predecessors, and it is to be hoped will lend their aid, in carrying forward the work of human improvement, to bless the generations that are to follow.

*Dr. Dickson's Essays on Pathology and Therapeutics.*—Owing to some mishap, the first volume of this recent production, in two well-proportioned octavos, has but just reached us, although the second had been on hand some weeks.

No one can expect to be wholly and absolutely original, at this late period, in any department of medicine. Still, to exhibit a familiarity with all the authorities extant, and to teach the great laws of vitality in accordance with acknowledged truths, shows a well-disciplined mind, and a devotion to the interests of humanity.

In compliance with the wishes of successive classes at the Medical

College of South Carolina, the author of this work, Dr. S. H. Dickson, who is the professor of the Institutes of Medicine, consented to publish the substance of his annual course of lectures. Dr. Dickson possesses the virtue of modesty, and the manner in which he speaks of gentlemen already in the field is much to his credit. "The student or young practitioner," he says, "who has in his hands the volumes of Cragie, Copland, Dunglison and Mackintosh, can require nothing more of that compendious and extensive character. Besides this, the real utility and success of a different class of writings, in style and manner less formal and more popular, Elliotson's, Graves's, Stokes's, Chapman's and Watson's lectures, have decided me to give to the press, with little alteration, the substance of the essays which constitute my College course of instruction." The first volume contains twenty-one chapters, written with taste, and under the guidance of a sound judgment. We are constantly impressed with the extent as well as exactness of Dr. Dickson's knowledge. It is a characteristic feature of his writings, that they leave no room for the origin of a doubt, so far as his own mind or observation are concerned. In this volume are embraced the cause of disease, malaria, animal putrefaction, contagion, epidemics—nosological arrangement, diseases of the circulatory system, idiopathic fever, &c. The second embraces a great circle of diseases, with the most approved method of treatment, the particulars of which, if enumerated, would occupy more room than can be spared in this notice.

Finally, wherever these books are read, whether at home or abroad, they will hold an elevated place, we think, in medical literature. Without seeking notoriety, Dr. Dickson will be known, and posterity, to say nothing of those who are his personal friends or neighbors, will be proud of his contributions to the archives of American science.

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*Louisiana Medical and Surgical Journal.*—From present appearances, the profession at the South will outstrip the North in the number of their medical periodicals. A prospectus is abroad for a second journal at New Orleans, to be published bi-monthly, at five dollars per annum, in advance. John Harrison, M.D., and W. M. Carpenter, M.D., both of the faculty of the Medical College of Louisiana, are to be the editors of the proposed enterprise. The subject of organic chemistry is to have a prominent place. If these gentlemen bring out a journal equal to the one already sent abroad from New Orleans, they will deserve the support of those who know how to estimate the labors of men exclusively devoted to the pursuits of science. When the first No. arrives in September, we shall apprise the medical public of its advent, selecting such parts for our own pages as will illustrate its character and claims to patronage.

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*Titles to the Articles of Correspondents.*—Were authors of original essays, and correspondents of the Journal generally, always particular to give a title to their communications, they would confer a special favor. It is essential that every paper worth reading, should be made come-at-able by an index. Without some appropriate caption, expressive of the main character of an article, an editor sometimes finds himself perplexed

—especially when he ascertains that one cannot be constructed without the risk of disapproval on the part of the author. Each volume is provided with a tolerably minute index, without which there would be utter confusion, and it is important that each article should be there appropriately placed. Being persuaded that we sometimes fall short of the expectations of the writers of really excellent papers, in affixing a name, we shall esteem it a favor if each one will remember to christen his own, both to save himself from vexation, and us from the liability of blunders or mistakes.

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*Sickness in the Country.*—An eminent physician, not far from 80 miles to the north of Boston, writes—"It is quite sickly for the season, and a motley lot of diseases, as ordinarily occurs in a country practice, are prevailing; viz., scarlatina, erysipelas, measles, mumps, dysentery, varioloid, fever, hooping cough, &c." The latter appears to have been a severe epidemic in some parts of New Hampshire. Erysipelas strikes terror into the villages where it appears, and well it may, since the mortality which follows its track is a melancholy proof of the imperfection of the healing art.

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*Mesmeric Revelation.*—Some one may have supposed that he was conferring a favor by sending us a copy of Mrs. Chester's mis-named mesmeric revelation. The cheats in what is called animal magnetism, although exceedingly numerous and protean in their character, are so stale, that we are no longer amused by them. How it happens that any can be found to swallow down the bait, after such a multitude of exposures have been brought to light, both to show the dishonesty of the magnetizer as well as magnetizee, is altogether puzzling. Notwithstanding the assertions from high authority that the people of New England are her glory, it is undeniably true that they have an insatiable appetite for the marvellous. The more monstrous or absurd the propositions in mesmerism, the better. Lynn, a charming, enterprising town, may boast of possessing a very accomplished story-teller, whose ingenuity is such that she succeeded in impressing certain certificate signers with more confidence in regard to the condition of Capt. Kidd's treasures, than they could have obtained in any other way.

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*American Journal of Science and Arts.*—A new series of this valuable work, under the auspices of Prof. Silliman, of New Haven, is to commence in January next, and appear every two months, instead of quarterly as heretofore. The editors will have associated with them Mr. James D. Dana. A principal object contemplated in the change is to give authors more frequent opportunities for communicating with the readers of scientific researches, and also to furnish new matter, in season, from European sources. As the present sales are quite insufficient, says the prospectus, to authorize the change, efforts are soon to be extensively made with a view to enlarge the subscription list. For the honor of the country, we hope every one who feels the remotest interest in the diffusion of scientific knowledge, will make an effort to sustain that very useful and truly important periodical.

*Pongwe Language, Africa.*—From the Missionary Report from Western Africa, in 1844, which may be found in that very instructive publication, the Missionary Herald, of the last month, the following account is extracted, which is deserving the attention of linguists and ethnographers.

"We have been greatly surprised," says the Report, "to find in this remote corner of Africa, and among a people but very partially civilized, one of the most perfect languages of which we have any knowledge. It is not so remarkable for copiousness of words, as for its great and almost unlimited flexibility. Its expansions, contractions and inflections, though exceedingly numerous, and having, apparently, special reference to euphony, are all governed by grammatical rules which seem to be well established in the minds of the people, and which enable them to express their ideas with the utmost precision. How a language so soft, so plaintive, so pleasant to the ear, and, at the same time, so copious and methodical in its inflections, should have originated, or how the people are enabled to retain its multifarious principles so distinctly in their minds, as to express themselves with almost unvarying precision and uniformity, are points which we do not pretend to settle. It is spoken coastwise nearly two hundred miles, and perhaps, with some dialectic differences, it reaches the Congo River. How far it extends into the interior, is not satisfactorily known."

*Fiske Fund Prize Essay.*—Dr. Wm. E. Coale, of Boston, is the successful writer of an essay, the present season, which has taken the Fiske Fund premium in Rhode Island. The manuscript has been received at this office, and will have an early insertion.

*Intermittent Fever and Enlarged Spleen.*—According to high authority (M. Piorry) the affection of the spleen is the cause of the intermittent. This view reversed is that of the profession generally. Be this as it may, the same remedies cure both. We used the following formula in numerous cases with success. It is a favorite prescription of a physician of great experience in these diseases, Dr. Anderson, of St. Louis, formerly of Vicksburg. R Sulphat. quinia, ℥ij.; aqua quinia, 3 ij.; tr. opii., solutio Fowleri, aa dr. ½; sulph. acid aromat., dr. i. M. Teaspoonful every two hours during the intermission.

Dr. A. sometimes uses a solution of twice the strength of the above, which he thinks still better; we are disposed to agree with him, especially in cases of enlarged spleen. Piorry says, that he has observed a sensible diminution in the size of the spleen produced in a few minutes, by a large dose of the sulphate of quinine! We do not generally observe so closely in this country.—*St. Louis Medical Journal.*

*Bloodless Amputations.*—Our friend, Dr. Mosby, proposes to save the subjects of amputations from loss of blood, occasionally a very disastrous circumstance in exhausted individuals, by the following method, which he has communicated to us, and requests us to submit to the profession. First, he would apply a roller bandage to the limb, so as to force the blood as much as possible out of it, and then, by means of a tourniquet, cut off the ingress of blood by the arteries, slackening the instrument after the amputation sufficiently to find the vessels that might bleed.—*Western Journal of Medicine and Surgery.*



*Ohio College of Dental Surgeons, at Cincinnati.*—This Institution was incorporated last winter. It will have a winter session of four months; and confer degrees in *Dental Surgery*. The professors are, Drs. Cook, Rogers and Taylor, and the charge for each professor's ticket is \$25.—*Western Lancet*.

*Heat in July, 1845.*—The late hot weather was pretty severely felt throughout the Northern States. It is said to be the hottest season experienced since 1825, but, according to some statements, not as hot as it was then. In that year, from July 11th, to July 16th, the thermometer ranged from 100 to 108½. Within the same dates this season it has ranged from 91 to 102½. The papers from different parts of the country, in giving the state of the thermometer, have recorded many deaths which were occasioned by extreme heat. The number of deaths in some of the cities has largely increased. Below is given the state of the thermometer in various places on the days specified:—

In Charleston, July 9th, 94 degrees; Boston, 22d, 101; Rochester, July 12th, 97; New York, July 12th, 94; Burlington, Vt., July 12th, 100; Pittsburgh, Pa., July 12th, 102½; Hudson, July 12th, 99; Salem, July 12th, 103; Boston, July 13th, 98; Philadelphia, July 13th, 101; N. York, July 13th, 99; Albany, July 13th, 98; Brooklyn, July 13th, 95; Baltimore, July 13th, 95; Greenfield, Ms., July 13th, 100; Philadelphia, July 14th, 102; Rochester, July 16th, 102.

*Medical Miscellany.*—Dr. Boucherie, in France, has been authorized to cut such trees as he may wish, in the crown forests, in order to prepare them for the Navy, so that the timber shall resist the causes which usually destroy it.—Dr. Armand Mercier, at the Charity Hospital, New Orleans, say the papers, has tied the left subclavian artery, for the cure of aneurism, and the corresponding axillary. The patient was a female slave. The ligatures came away on the thirteenth day.—Dr. S. A. Cartwright lately delivered an eulogy on General Jackson, at Natchez.—Surgeon of the U. S. Steam Frigate Mississippi, Dr. A. G. Gambrell; Assistant Surgeon, Dr. W. Sherman.—Dr. Thomas R. Spencer has been elected Professor of *Materia Medica* in Willoughby University, Ohio.—A negress, the slave of Mr. M'Daniel, of Marion Co., Missouri, now 117 years old, has cut a fourth set of teeth. Her youngest child, a son, is 80 years old, with a child 1 year old.—In consequence of the prevalence of smallpox in New York, vessels arriving thence at Jamaica are quarantined.—Guyanaquil has been visited with an awful sickness of late.—Bedford Springs, only 16 miles from Boston, are well patronized. Something is said about their being equal to Saratoga.—Cases of smallpox have appeared at Goffstown, N. H., and at Bristol, near Middlebury, Vt.

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MARRIED.—At Hebron, Ct., A. A. Plimpton, M.D., of Monroe, Me., to Abby Maria Annable, of the former place.

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DIED.—At Milton, Mass., Thomas Kittredge, M.D., 33.—At Wilmington, Del., Wm. Gibbons, M.D.—At Baltimore, Dr. Wm. A. Cobb, 23, from the effects of an injury received by being thrown from his horse.

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Number of deaths in Boston, for the week ending Aug. 2, 46.—Males, 27; Females, 19. Stillborn, 6.

Of consumption, 12—old age, 4—croup, 1—palsy, 1—disease of the bowels, 2—hooping cough, 1—convulsions, 2—inflammation of the lungs, 2—cholera infantum, 1—teething, 4—diarrhœa, 1—disease of the heart, 2—cancer in the breast, 1—dropsy on the brain, 2—dropsy, 1—accidental, 2—pleurisy, 1—marasmus, 2—infantile, 2—cholera morbus, 1—drowned, 1.

Under 5 years, 22—between 5 and 20 years, 5—between 20 and 60 years, 13—over 60 years, 6.

*Questions on the Origin of Diseases.*—The following interrogatories are addressed by Dr. B. Dowler, of New Orleans, to persons of observation in all conditions of life, whether belonging to the profession or not. They relate to facts which are more or less peculiar to the South, but interesting to the profession everywhere.

Other things being equal, does the stranger suffer more from debility, fever, dysentery, than the Creole and acclimated? When does this difference cease? the 2nd, 3d, or 4th year? Consider the sex; the color, white? mulatto? black? Indian?

Which is the most frequent, and, which the most fatal fever? Does the first attack lessen the chances and dangers of other attacks, that is, afford any protection? Do fevers, especially agues, prevail equally near to, and remote from, the swamps? Which is the most sickly season of the year? Are seasons of much rain and inundation, more or less healthy than other seasons?

What is the probable number annually attacked with the ague or intermitting fever in each 100 whites and blacks? distinguish strangers from Creoles and the acclimated; also the sexes? the usual duration of the attack? The topography or description of the place where it is most prevalent?

Name the acclimating diseases, that is, those diseases to which strangers are subject, and from which, Creoles are wholly or partially exempt? Is ague one of these? sun-stroke? dysentery? bilious fever? congestive?

Is sun-stroke (*coup de soleil*), frequent and fatal, and equally so among strangers and Creoles?

At what period does the unacclimated slave equal the Creole slave in health and ability to labor?

Are white Creoles who accustom themselves to labor, equal in all respects to the black and mulatto Creoles in physical power, endurance and health? Is the mulatto, in these respects, inferior to the pure black?

Is infantile lockjaw frequent, and fatal, and equally so, among strangers and Creoles, both white and black?

Do Creoles of New Orleans, on removing to the country, suffer more sickness than country Creoles?

Do horses, cattle, mules, sheep, poultry, &c., from the North, suffer or die, in a greater ratio than Creole animals? What is the period of their acclimation?

Is the country more or less healthy now than formerly? Consider the sanatory condition before, during, and after the process of clearing, ditching and cultivation? Do mosquitoes increase or diminish under these conditions?

Can you say from personal observation, that the most swampy parts of the State are the most unhealthy, and have the most fevers?

Facts should not be picked to confirm any theory. Answers should be based on numerical proportions or averages, noticing exceptions and extraordinary cases.

It is desirable that all evidences drawn from other climates, from books, from prevailing opinions, be wholly disregarded in giving these answers. Facts only, not explanations, are important; for example, do not take for granted that swamps cause salubrity or insalubrity; examine whether diseases increase or diminish, according to the distance from them, &c., without any regard to any other climate or locality whatever.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIII.      WEDNESDAY, AUGUST 13, 1845.

No. 2.

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FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. X.—BY WM. EDWARD COALE, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

*The best Mode of Treating, and the best Apparatus for the Management  
of, Fractures of the Thigh.*

Pro Deo, pro E\*\*\*\*\*, pro Hominum Salute.

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INTRODUCTION.

WHEN we consider how few are the principles concerned, it seems strange that there should be any mooted point connected with fractures of the femur—strange indeed that everything pertaining to the subject is not reduced to fixed rules, predicated upon accurately weighed and unimpeachable facts. All the parts affecting or affected are upon a scale large enough to enable us to ascertain and comprehend every anatomical peculiarity that might be of value, and simple enough to permit us to understand, sufficiently for all practical purposes, their use and mode of action. The mechanism of the parts can scarce be called complex—their construction not highly delicate—in short, estimated by ordinary rules, the anatomist, physiologist or pathologist does not meet with any salient obstacle to the perfect elucidation of his portion of the subject. Yet each quarterly journal, almost without exception, furnishes us with some new (?) method of treating fractures of the femur, involving (if we believe the writer) principles hitherto unknown, and possessing advantages over every other previously in use.

We do not promise that we have any new and brilliant light to throw upon the subject—that we have any striking theory to unfold, or any yet undiscovered and astounding fact to announce. Enough if we can sift the volumes upon the subject which have annually swelled the literature of our profession, and present, in a digested and accessible form, all that is valuable of the crude heap before us. Having done this with fairness, we trust we may then be permitted to add what little we have gained from our own observations and experience.

ANATOMY OF THE THIGH.

As we write for those whom we take for granted already know what a femur is, and understand the general arrangement of the muscles em-



ployed to move it, we do not deem it necessary to describe the first or even to rehearse the names of the second, but will confine ourselves to noticing those peculiarities of the anatomy of these parts which more immediately influence us in treating fractures of the bone.

To begin with the bone—the first point that arrests us is the great diversity of the axes of the shaft and neck. They join each other at very nearly a right angle; any force, therefore, which is exerted in the direction of the axis of the one portion—the direction in which that portion is best able to resist—operates transversely upon the other, manifestly in a direction most unfavorable to its powers of resistance. But for this arrangement, which, however, is productive of great and manifest advantage to the mobility of the limb, the structure and general configuration of the bone would imply a far greater strength than even that which it now so evidently possesses.

The curvature of the shaft forwards must be looked upon also as a peculiarity affecting the liability of the bone to fracture, more especially when taken in connection with the arrangement of the muscles upon the posterior part of the thigh.

The comparatively unyielding nature of the coxo-femoral articulation deserves note. Its inaptness to give or yield upon receiving a shock is evidently due to two causes—the very slight mobility of the pelvis itself,\* and the deep and accurately-adapted cavity into which the head of the femur is fitted. The difference of the effect of the same impulse upon the shoulder and hip joint is readily conceivable. In the former, the cavity receiving the extremity of the long bone is shallow—admitting a great extent of motion. The scapula itself is very moveable, yielding readily in a certain degree, to any force exerted upon the humerus, not only lessening the abruptness of the shock, but changing the direction in which it acts to one in which the consequent injury may be slighter—in other words, often substituting a dislocation for a fracture. But with the hip joint, unless the impulse is received whilst the femur is near the limits of its range of motion—whilst it is in a state of extreme flexion or extension, abduction or adduction—or unless it comes in the direction of the axis of the acetabulum and from within outwards (an unusual one), the result, if the force is great enough, is a fracture, varying in its situation with the particular direction of the impulse.

The ligaments of the coxo-femoral articulation arrest our attention, from the part they play in intra-capsular fractures of the neck of the thigh-bone. Of these, the most important to us is the capsular ligament—not differing in its general arrangement, to any noticeable degree, from the capsular ligaments of other articulations, but remarkable for its great strength, and still more from its peculiarity of commencing very high and over a very large surface of the ileum, and extending for a considerable distance along

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\* Many authors speak of the pelvis being very moveable, and thus saving the femur very often from fracture. So it is when subject to the volition, but it must be remembered that this is not its condition, at the moment when fracture occurs. Then the numerous and powerful muscles surrounding the pelvis on all sides and firmly bracing it in every direction, render it almost as unyielding as if it and all the contiguous parts were one mass of equally dense and inelastic tissue.



the neck of the femur, down to the junction of this portion with the shaft at the inter-trochanteric lines and digital fossa. This quality of strength and this extent of attachment often enable the ligament to preserve the apposition of the fractured portions enclosed within it, and a recollection of this fact should always warn us against unnecessary disturbance of the limb where fracture at the point above mentioned has occurred. The value of this consideration will however be more minutely examined hereafter.

The last circumstance which interests us in considering fractures of the femur, is the size, number and diverse direction of traction of the muscles which surround it. The two first peculiarities would of themselves cause us little difficulty, but taken in connection with the last, they constitute the greatest obstacle to the reduction of the fragments and their retention in the requisite apposition. The individual action of these muscles it is not necessary to notice. For the present we will but mention the great obliquity with which adductors join the bone—the relation of the muscles on the posterior aspect of the thigh with the femur, like the chords to the arc of the circle—and the direction of the muscles generally which are employed in rotating the limb—as among the causes of most of our difficulties in treating this class of injuries.

#### CLASSIFICATION OF FRACTURES OF THE THIGH.

Fractures of the femur not only admit of a ready classification founded upon the nature and seat of the injury, but seem to require it in attempting to enter upon any dissertation concerning them or account of the very different effects produced, and the diversity of the remedial means to be used in treating them. As a sort of tabular view we give the following, though in confining ourselves strictly to the discussion of the treatment of fractures we shall not have occasion to refer to all the varieties here mentioned, but merely furnish the table for the convenience of reference when necessary.

#### I.—Simple Fractures.

##### A.—Fractures of the superior extremity of the Femur.

- 1 Intra-capsular fractures of the neck.
- 2 Extra “ “ “ “
- 3 Fractures of the neck complicated with fr. of the trochanter.
- 4 “ “ “ “ with impaction of the superior part into the cancellated structure of the shaft.
- 5 Fractures of the trochanters.

##### B.—Fractures of the Shaft.

- 1 Transverse.
- 2 Oblique.

##### C.—Fractures of the lower extremity of the Femur.

- 1 “ just above the condyles.
- 2 “ through “ “

#### II.—Compound Fractures.

- a Fractures from gun-shot.
- b “ “ other violence.

## HISTORY.

There is no investigation in which we cannot to a degree profit by an acquaintance with the achievements of those who have previously given their attention to the same subject. It will therefore be not devoid of advantage, and certainly not of interest, to make a few researches into the history of the branch of surgery which has engaged us, and trace the various steps of our predecessors, from the early rude contrivances used for fracture of the femur, to the more perfect apparatus of the present day.

In the vast field surveyed by Hippocrates, fractures were not neglected, and one of the works attributed to this philosopher (*ἱερί' Ἀγυῶν*)\* is devoted to this subject, giving us apparently not the views peculiar to the author, but most probably a digest or summary of what was known upon it at that time.† In this we find that same curious mixture of gross superstition and close observation which prevailed throughout not only medical, but all science. Much faith is placed in symptoms wholly insignificant, much importance is given to things wholly irrelevant—as, for instance, the number of bandages used; whilst some of his advice has much soundness in it.

Of the bandages, those which went next the skin were styled Hypodesmides; those outside of the dressings, Epidesmides. In fractures of the femur three hypodesmides were used. One was carried from the point of fracture up, and another from the same point, down the limb. The object of these was to press the blood and humors out of the injured part to the extremities, and if the bands were properly applied, the next day a soft edematous condition of the end of the limb supervened; but if the edema were hard, it was considered a sign that the constriction was too great, in which case the bandage was to be removed, the part anointed with oil and warm water, and the bandage replaced, but more loosely than before. After applying these bandages the fracture was surrounded by a waxed cloth and covered with another roller, which also completely enveloped the coxo-femoral articulation, in order to protect the soft parts against the edges of the splints. From an idea that it was the most natural position, the knee joint was kept extended, and to effect this fully, when the splint (which consisted of a long box much like the present fracture box, reaching from the ilium beyond the heel) was put on, the knee was carefully fastened down in it by a band.

To produce extension and counter-extension in fractures and dislocations, the ancients made use of a machine called the Glossocomium. This instrument, rude and clumsy, but powerful, is figured by Paré.‡ It consists of two longitudinal pieces of plank, between which the limb is placed. A strap surrounds the latter above and below the fracture. From the one above, counter-extending cords pass over pulleys in the upper end of the longitudinal pieces down to a windlass at the lower end. From the strap below the fracture similar cords pass directly down to the same windlass, by turning which, very powerful but illy-tempered and

\* The only English translation, I believe, is that of Clifton, 1734.

† Gerdy. *Traité des Bandages*. Paris, 1837. 2nd ed. p. 441.

‡ Liv. XV. Des Fractures, c. 20th des fract. de la cuisse suictes en la main de l'os. P. 401, fol. ed.

badly-directed traction is exerted on each piece—upwards upon the upper, and downwards upon the lower.

In compound fractures Hippocrates directs that the bones, if projecting, should be replaced by powerful means, using iron levers to force them into their proper position; or, if these means should fail, they may be sawed off. The same apparatus and bandages may be used as above, so arranging them that the wound may be accessible, and adapting compresses to take the pressure from the lacerated parts.

Galen makes no modification of the mechanism of Hippocrates, but describes the form and material of the bandages more particularly—the latter being furnished, according to the peculiar occasion, by leather, woollen or linen fabric—the first to be used to constrict cartilages and other hard parts—the next, where the parts are delicate, either naturally or from injury—and the last, where moderately firm pressure is required.

Celsus was not content with less than six bandages before the application of the splints. The bone having been reduced, these bandages were passed in very various directions, and the number of turns which each should take is told with minuteness. The splints are then to be applied. Further details of his method of treatment, as they exhibit no new principle or indeed any marked improvement over those previously devised, we do not think it necessary to give.\*

The imperfect records of our profession exhibit no advance in the treatment of fractures of the femur until we come to what may be called the middle ages of medicine—the days of Berengarius, Massa, Sylvius and Guy de Chauliac. The latter suggested many of the appliances at present in use in the form of junk bags, compresses, &c., and replaced the clumsier methods of extension by a weight attached to the foot by a cord passing over a pulley at the foot of the bed.

Our next step brings us to Ambrose Paré, whose laborious industry has garnered up for us nearly all that was of value in those who went before him, but made more perspicuous by his own clear mind. His writings show him to have still been hampered by the superstitions which hung so heavy over science in the preceding ages, but they lie about him rather as broken fetters than as chains that still bind, and the quaint and modest simplicity of his language afford to the true lover of his profession a pleasant retreat from the tiresome pages of those who too often, at the present day, strive to compensate by verbosity and declamation for the paucity and meagreness of their ideas.

Paré still adhered to the bandages of Hippocrates. After applying these, three splints were to be adapted—made of pasteboard or similar material. One was placed beneath the limb and one each side. Junk bags filled with straw, after De Chauliac's suggestion—and other compresses when necessary—were used, and the whole apparatus then enveloped in cloths similar to the splint cloths now in use. The limb was then to be properly placed, supporting it upon something soft and even

\* De Medecine, L. viii., chap. 8, § 1, p. 448. Edin. ed. of 1809.



(mol et égal) and raising it sufficiently to prevent "fluxion" to the part, but not enough to constrain or make uncomfortable the patient.\*

Fabricius ab Aquapendente, of Padua, advocated the use of the dressings of Hippocrates, and approves his views. He used splints surrounded with tow.†

Scultetus, also, still adhered to the three bandages of Hippocrates, but recommended cutting pieces out of them when necessary to have access to a wound. He also gives us that bandage which bears his name, and which has held its place among our dressings even to the present day.‡

We next come down to the last century, when, amidst the general activity of the medical profession, fractures of the femur received a full share of attention, and the improvements suggested, both in the apparatus used and in the general treatment, multiply to a great extent.

Heister recommended making counter-extension by means of a napkin passed between the thighs, and made fast above the hips to the edge of the bed—and extension by attaching the foot, by another napkin, to the foot of the bed. He still adhered to the number and arrangement of the bandages of Hippocrates, and in general adopted his principles.§

One suggestion of Heister is worthy of notice. It occurred to us without knowing that Heister had previously mentioned it. He advises that the extension should not be made solely and continually through the foot and ankle, but, to relieve these, another extending bandage should be attached above the knee, and traction made alternately for six or eight hours at a time upon one and the other. The difficulty would be in so adjusting the bands that when the point of traction is shifted, the direction should be unaltered, a difficulty which, it appears to us, has been magnified.

A machine for the treatment of fractures of the femur, invented by M. Belloq, scarce deserves notice, except to mention that he made use of the tuber of the ischium for the point of counter-extension. Otherwise, it consisted of a heavy, clumsy frame-work, to the upper part of which the thigh was attached by enclosing it in two pieces of sheet iron—while upon the lower part a slide, enclosing the leg, traversed by means of a rack and pinion.||

In turning to England at this period of our history, we are first arrested by Gooch, who, though not free from many of the absurd ideas then prevalent, showed some originality, and certainly an admirable frankness and modesty. To him we owe the suggestion of the familiar and much-used splint, made by glueing leather upon a thin board, and then cutting the latter through longitudinally at short intervals, so that whilst the splint adapts itself readily to the rounded periphery of the limb, it is still stiff and unyielding in the direction of its length.¶

\* Op. citat. Book xv. chap. xx. In Chap. xxiii. of the same book he gives an interesting account of the treatment he himself received at the hands of Richard Hubert, "Chirurgien au Roi," for a fractured leg.

† *Pentateuchus Chirurgiens. Dissertat. iv. De fract. Franc. 1592, and Oper. Chirurg. Onm. Padua, 1667, fol.* though I cannot now recall my authority for this reference.

‡ *Armamentum Chirurgicum*, which was published in English about 1674, under the name of "The Surgeon's Storehouse."

§ Gerdy, op. cit. p. 445.

|| *Memoires de l'Acad. Roy. de Chirurg. New Ed., 1819. V. iii. p. 258.*

¶ *Cases and Practical Remarks on Surgery. Norwich, 1767, Vol. ii. p. 300.*



Gooch's apparatus for fracture of the femur consisted of an iron hoop, so contrived as to be accommodated to a limb of any size. This encircled the thigh at its junction with the trunk, and furnished the point for counter-extension. From it a longitudinal piece passed down upon each side of the thigh, having a screw attached to the extremity. Another hoop, provided with offsets through which the above-mentioned screw passed, encircled the thigh just above the knee. By turning the screw, which was done by means of a key applied to the extremity, the two hoops were separated and extension effected. Besides the application of this contrivance, the thigh was surrounded by the above-mentioned splint and properly guarded by compresses. The obvious objection to this apparatus is the constriction of the limb by the hoops, and the small surface over which the force of the extension and counter-extension is distributed. He assures us, however, that he had used it with great success, and this, in spite of its defects, we can suppose possible in a careful and observant surgeon.\*

With a generosity well worthy of praise, after describing his own apparatus, Gooch goes on to speak of one constructed by a Mr. Layman, of North Walsham, "upon the best principles" he had yet seen. As far as can be judged from the imperfect description given, this seems to have consisted of a fracture box with a moveable bottom, to which the leg and lower part of the thigh was attached, whilst the upper part was made fast to the box itself "by a belt passing on the inside of the thigh." Extension was effected by a screw operating upon the moveable bottom.†

With Gooch's intelligence it is strange that we should find him still adhering to the absurd notions about "the juice of the callus," and urging great care against permitting it to flow in too great quantity, "which must be prevented by proper compression or deformity will ensue."

[To be continued.]

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## TRANSACTIONS OF THE CONNECTICUT MEDICAL SOCIETY.

[Communicated for the Boston Medical and Surgical Journal.]

It is the great object in the several States where medical societies exist, to diffuse information and advance the general interest of the profession and the science of medicine. For several years past it has been the general sentiment in this State that something should be done to excite more interest than for forty members to meet annually, and appoint standing committees, and several plans have been recommended, but generally have failed in Convention to be adopted. Last year, however, it was provided that the annual dissertation should be published, with the proceedings of the Convention; a good move, but not carried out—for after waiting two or three months instead of weeks, the proceedings appear in a pamphlet of twenty-four pages, eighteen of which are taken up with a list of members, standing bye-laws, title-page, &c., leaving six for the

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\* Op. Cit. Vol. ii. p. 307.

† Op. Cit. p. 315, in a note at foot of page.

whole yearly transactions of the *Connecticut Medical Society*, together with the report of the Medical Institution of Yale College, &c. The *ostensible* reason for the non-publication of the annual dissertation was the ill health of the author, but the members expected it, and it is hoped it will yet be published. Again, last year a prize essay was given out—the subject, scarlatina; the prize to be paid from the funds of the Society. Under these circumstances, the members expected to be benefited by the essay, and it was generally supposed it would be the property of the Society and published with its transactions. Five essays were handed in, which were said by the committee to be very able; but how are the profession to be benefited by them? And there is no provision for continuing the plan, no essay being given out for another year! We presume the author of the prize essay would have been *willing* it should be published with the proceedings. Again, for the last four or five years, at the annual examination of the medical students of Yale College, a member of the committee of examination has been selected to deliver an address to the graduating class. This has been a business of the committee or faculty of the college, rather than of the State Society. Still the address has been published in pamphlet, and distributed to the members of the Medical Society throughout the State, till the last, from which we hear nothing in this way. It was given by Charles Woodward, M.D., of Middletown, and was regarded by the press, and medical men who heard it, as a very able production. Is a new precedent to be established? And, further, Dr. Woodward is immediately left off the committee of examination. This is rather unprecedented under such circumstances, though it *might* have been accidental entirely.

Such being the case, the interest in the Society through its transactions will be likely, we fear, to be less in future than it has been heretofore. It is well known that in some sections of the State there is want of interest already, and it is evident it will not be excited if things go on in this manner. It is apprehended that many are dissatisfied with the compulsion necessarily inflicted by the charter, and that a voluntary society would be preferable. Now it is very probable there are circumstances which will induce the State Society to give up the charter and go on the principle of voluntary association. But in order for success, there must be some interest either in the annual convention or the transactions of the Society, or it will be an entire failure. There must be more interest to sustain any institution from choice than by compulsion. Many now refuse to pay taxes, and it is to be feared that more will do so if their money is not better expended. In order for any institution to succeed, it must answer the end for which it was created; and when it fails to do this, a revolution will sooner or later take place. It need not be so with the Connecticut Medical Society. It should continue to be, as it has been, a bond of union among the members and an ornament to the profession; but to do this, we must keep up with the times. We might indeed, as in other States, have several valuable papers published, making something more than a lean pamphlet like our present annual, and it is hoped and presumed the next dissertation and other matters may be laid

before the profession. If not, many interesting papers from the county societies, which are unknown out of the several counties, might be embodied, and add to the general interest of the Society.

These remarks, based upon facts as they exist, do, I am sure, express the sentiments of the great body of the Medical Society throughout the State, and we hope will tend only to that which will advance the science of medicine, promote fellowship and good feeling in the profession, and general confidence in the community.

A MEMBER.

## DIAGNOSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Two circumstances of late occurrence have led me to reflect whether physicians were particular enough in their diagnosis of disease, and were satisfied themselves that they understood clearly the proper thing to be done. I prescribed, of late, for a young man on account of a difficulty in one of his ears. The symptoms were a noise in the diseased organ, the head full and confused and covered with a scaly eruption. He attended to his business as usual, and considered himself otherwise well. After making some few inquiries, I directed him to syringe his ear with a weak solution of Castile soap, there being a small quantity of ear-wax collected in it; to apply a small blister under the ear, and take a full dose of salts and senna. Under this treatment he grew no better, and as I was not in practice, I told him to call on Dr ———, of this city, which he did. As soon as he ascertained the symptoms, he clearly perceived the proper course to be adopted. He syringed the ear out with water quite warm, in a forcible manner, completely flooding for some time the external ear. This removed the difficulty, and the patient was cured.

A boy about 12 years old applied to this same oculist for blindness of one eye. He received a blow by one of his fellows on the organ, in the first place, after which he gradually lost his vision. The eye looked like the other, with the exception that the pupil was larger. The doctor told the friends of the boy that it was incurable. The family was intelligent, and the oculist distinguished, which seemed to settle the fate of the young man's eye. Had the family been of a different class, they would have applied directly to a quack. Soon after this, I became acquainted in the family, and the eye was shown me as a matter of courtesy, and the circumstances related as above. It was a case of amaurosis, and I became interested in it; and consulted all my authors, having then just commenced practice. The family asked me if I thought it possible anything could be done to benefit him. I told them I thought there was a chance of making him better, saying, at the same time, there was much doubt. I viewed the disease as functional—the retina having become paralytic. His friends concluded to have me prescribe for him, and he continued under treatment for nearly three months. When it was commenced vision was exceedingly imperfect, and at the close of it he could read common print with ease.



I have one other case to notice which came under the treatment of this same oculist. The subject of it was a young man in college, 23 years of age. There was very slight inflammation of the eyes, with much weakness. He was directed to leave college, and stimulating washes of a different character were directed from time to time, but all without improvement. He came into the neighborhood where I resided, and assisted some in teaching. He became acquainted with me, and talked frequently about his eyes. I considered a restoration, if it was brought about at all, must be effected by a long course of quietude and moral habits, supposing the best medical treatment had been adopted. He grew no better, however, and desired me to do something for him. This led me to examine his case very attentively in all its bearings. I bled him from the arm, purged him with salts and senna more or less frequently, and kept up a drain from the back of the neck by seton for eight or ten months, by which he was cured and has continued so ever since, now six years.

I did not design to write a labored article on this subject, but merely to relate a few facts in order to call attention to it. I know there is some guess-work in prescribing medicine for the sick—a guess-work, to be sure, founded on intelligence. One man may guess better than another. His natural capacity, medical education, ability to collect, analyze, and deduce, in view of the symptoms present, all assist in this respect. Some, however, have as little ground for guessing at certain things, as the college student had when he guessed how a sheep came in the college belfry. Having seen some tracks near the lightning rod, he thought the animal might have climbed up that way. I think a large portion of practitioners are lax in collecting symptoms and prescribing medicine, from the fact that one half of those for whom they are called upon to prescribe, need nothing; hence a tendency to too great indifference in all cases. Much good may be done by a judicious, skilful practitioner; but above all things, let every one be decided in his own mind that he is doing the right thing for his patient, or else do nothing, or that which is equivalent to nothing. This is the safest kind of quackery that can be adopted, and is the whole secret of homœopathic practice.

*August 8, 1845.*

J. C.

#### ABLUTION FOR THE PREVENTION OF ERYSIPELAS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the spring of 1845 the Massachusetts General Hospital was very much infected with erysipelas. One patient had died of this disease after an illness of three days, and many others were severely affected with different and curious forms of this disorder.

As this institution is kept in a state of perfect cleanliness, it seemed that the general atmosphere of the place ought not to produce this disorder, and that it could only arise from the retention of foul matters in the beds, and about the persons of those affected with unhealthy wounds.



On this ground the following course of prevention was based by Dr. Warren.

All the patients confined to their beds were directed to be washed over the whole body daily with soap and water, and their bed-clothes to be ventilated daily if possible. Those who could leave the room, but remained in a delicate state of health, were ordered to the warm bath once in two or three days ; and those who were in a state to bear it, were directed to the daily use of the shower bath.

Under this practice, in the course of fourteen days the disease entirely disappeared, and did not again show itself while this system was rigidly pursued.

## VOLVULUS AND STRANGULATION OF THE INTESTINES.

By James M. Gordon, M.D., of Lawrenceville, Ga.

It is to be regretted that comparatively so few cases of mortality have a place assigned them in our medical journals, notwithstanding many of them might be productive of unusual interest. A large majority of physicians who write, very naturally, entertain a predilection to report those cases only which have terminated in *remarkable cures*, or at least successful issues ; to the utter exclusion of those of an opposite character, however advantageous to the medical profession. The following case, although it may avail but little practically, may not prove wholly unacceptable to the pathologist.

D. P. C., of Gwinnett county, æt. 35, a respectable planter, and a man of uncommon strength and vigorous health, was attacked on the 18th of May last with the most excruciating pains in the abdomen, which were attended with obstinate constipation of the bowels. As he was supposed to be laboring under an attack of colic, various domestic remedies were administered without effecting the slightest abatement of pain, or relief to the confined bowels. A Thomsonian physician of the neighborhood was requested to see him, and who had charge of the case for the subsequent week, but without affording any relief. My partner, Dr. Russell, and myself, were then requested to visit him, and found him the subject of most violent paroxysms of pain in the abdomen, with partial remissions of comparative ease. The skin was cool, tongue coated with a dark brown fur, pulse nearly natural, bowels constipated. Upon further examination it was discovered that considerable pain and tenderness were evinced from pressure upon the lower dorsal and lumbar vertebræ. Local revulsives were freely applied to the spinal column ; opiates and antispasmodics were then administered, which had the effect to allay all pain. An active cathartic was now retained till about the time catharsis should have been produced, when the pain returned with its full force of intensity. Laxative enemata were given in such quantity as to distend the whole colon, but all to no purpose, the stricture not being removed. The pain soon gave place to a death-like sickness at the stomach, pallid countenance, cold extremities, surface bedewed with a cold clammy

perspiration, followed by vomiting of an abundance of stercoraceous matter very offensive to the smell. The most energetic means were adopted for his relief—yet nevertheless without averting the fatal result of this unfortunate case. For the few last days such remedies were used as were best calculated to allay pain and support the sinking powers of nature. He continued to grow worse, and expired in the most intense agony at 8 o'clock, P. M., of June 1st, thirteen days after the attack.

*Post-mortem* appearances twelve hours after death. On opening the abdomen the ileum exhibited a dark red (almost black) appearance, which extended through all of its coats, and also to the mesentery. Upon examination it was ascertained that an *introsusception* of about an inch and a half in length existed about four inches above the termination of the ileum. So firmly had the coats of the intestine become agglutinated that they presented the appearance of a fleshy tumor, blocking up its entire calibre. It was also observed that the ileum had made a complete revolution upon itself, with the peritoneum as an axis, so as to strangle a knuckle of intestine five inches in length. The first point of strangulation was immediately above the introsusception, and the second twelve inches above the last. They were twisted around each other so as to form a *knot* which was with difficulty relieved after the morbid specimen had been removed from the body. The incarcerated noose of intestine presented an almost black color, and was greatly distended with gas. About twenty inches of intestine were involved in the congestion. The points where the intestine passed around itself were of a dull white color, presenting a striking contrast with the surrounding parts.

*Remarks.*—The above case presents several interesting peculiarities:—*First*, the complicated nature of the disease; *secondly*, its length of duration; *thirdly*, the attendant symptoms. So far as our information at present extends, we believe there has been no case in which introsusception complicated with a *linking* of the intestine so as to produce an additional cause of strangulation has been recorded, although instances of either of the obstructions separately are upon record. The most remarkable circumstance in relation to the case is the great length to which it was protracted, and in our mind it can be accounted for in but one way, and that is by the supposition that the introsusception was the *original* obstruction, and the knotting of the intestine a *secondary* lesion, and a consequence of the great increase of peristaltic motion of the intestines produced by the active cathartic medicines administered, or otherwise by the violent commotion of the contents of the abdomen in the efforts at vomiting. A pretty conclusive evidence of the fact, that the introsusception must have existed from the attack, is the firmness with which adhesion existed between the intestinal folds—so perfect that the different layers could be but very indirectly traced. It is but reasonable to suppose that the introsuscepted portion was not entirely deprived of circulation, or the process of gangrene and sloughing, which was slowly progressing, must have advanced more rapidly. On the contrary, the knot was so firmly made as to exclude all circulation, and the noose of strangulated intestine actually in a state of incipient gangrene, which could

have only existed for the space of a few days, otherwise death must have ensued at a much earlier period. A remarkable fact in regard to the symptoms is, that there was no vomiting (except after a cathartic had been administered) throughout the course of the disease. Had not the secondary lesion supervened, it is not impossible but there would have been sloughing and a discharge per anum of the invaginated portion of intestine, and a spontaneous yet complete cure.—*Southern Med. Jour.*

#### ON THE VALUE OF VACCINATION AND RE-VACCINATION.

IN 1842, the Academy of Sciences offered a prize for the best treatise on the above subject. Thirty-five candidates responded to the call, and the perusal of their labors has proved so laborious an undertaking, that it is only very lately that M. Serres has been able to present a report to the Academy, in the name of the committee appointed to decide on the comparative merit of the essays. M. Serres's report is a remarkable document, and is also important from its conclusions having been adopted by the Academy after mature deliberation. We extract the following data from this report:—

“Vaccination preserves the human species from variola, but its preservative power is not absolute. Variola itself, either spontaneous, or produced by inoculation, does not preserve absolutely from future attacks, therefore it is not extraordinary that vaccination should not. Thus, Mead mentions having seen three variolous eruptions take place successively on the same woman; the son of Forestus was twice attacked with variola, and Dehaen states that one of his patients was attacked six times by variola with impunity, but died of a seventh invasion of the disease. Although, however, vaccination is *sometimes* powerless to preserve us from variola, it *always* diminishes the gravity of the malady. This property, which Jenner and his first successors did not even suspect, is thoroughly proved by the various facts which have been recently accumulated. In one of the most terrible epidemics of variola that has taken place in Europe since the discovery of vaccination—that of Marseilles, in 1828—more than 10,000 persons were attacked. Of these, 2000 only had been vaccinated, and of that number 45 only died; whereas 1,500 of the 8000 who had not been vaccinated, were carried off by the pestilence.

“Vaccine matter evidently loses part of its efficacy in passing from arm to arm; it is therefore desirable to renew it as often as possible. A remarkable fact mentioned by one of the competitors, supplies us with a means of renewing it, as it were, at will. A cow was vaccinated with matter taken from a child. Not only did the pustules rise, but they were communicated to other cows, so that the cowpox was observed nearly in its natural state. The pustules were identical in both cases.

“The propriety of re-vaccination is now fully established. In Germany, the various governments have been induced to pay great attention to re-vaccination, owing to the circumstance of epidemics of variola hav-



ing latterly manifested themselves with a severity to which we had become quite unaccustomed since the introduction of vaccination. Re-vaccination has, consequently, been resorted to on a very extended scale, and has had the effect of arresting the epidemics. Thus, in Wurtemberg, 42,000 persons who have been re-vaccinated, have only presented eight cases of varioloid; whereas one third of the cases of variola have latterly occurred on persons who had been vaccinated. It is principally between the ages of 14 and 35 that vaccinated persons are disposed to be attacked by variola. When there is an epidemic, the danger commences earlier, and children of 9 years of age may be seized. Prudence, therefore, requires that, under ordinary circumstances, re-vaccination should be performed at the age of 14 or 15, and four years earlier if within the radius of an epidemic of variola."—*London Lancet*.

### EMETICS IN BRONCHITIS.

By John Higginbottom, F.R.C.S., Nottingham.

I HAVE found an emetic dose of ipecacuanha a very valuable remedy at that stage of bronchitis where a sudden, low, or sinking state has come on with oppression at the chest, and the expectoration difficult, endangering suffocation. Vomiting with ipecacuanha has not only soon relieved these symptoms, but has roused the whole system, and has produced such a decided change, as to render the patient convalescent in a few days. I have never seen the same good effects in such circumstances produced by any other remedy. The two following cases are of that description:

"Mr. D——, aged 60, an inn-keeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatous inflammation of the leg and thigh; this had in some measure subsided, but he had at the same time bronchitis, attended with a troublesome cough, difficult respiration and expectoration. A sudden state of sinking came on, with increased dyspnoea, and a feeble, quick pulse. I gave half a drachm of ipecacuanha in a little water; he vomited at different times for two hours; the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild treatment."

"Mrs. C——, aged 78, had an attack of the prevailing influenza; saline aperients, with diaphoretic and expectorant medicines, had been given for about five days, when a low, sinking state came on, with difficulty of breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy to afford relief. I named it to her daughter, fearing the old lady would object to it. I was glad to find my patient would take it; and I may here mention the favorable idea patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her half a drachm dose of ipecacuanha, which had the desired effect of completely relieving her. I was only required to visit my patient for five more days, she being then quite convalescent."

The following observations in Dr. Johnson's Review, of April, 1844,



are corroborated by the above case, and, I have no doubt, will hold good in a variety of diseases, both in the commencement and in the sinking stage of disease :—“ The use of emetics (I would say ipecacuanha, from the great safety of its operation) is far too much neglected in the present day, and most practitioners are unnecessarily timid about using them to old patients ; a single emetic will often effect more good in the course of a day or two, than other remedies in a week or two.”—*Ibid*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1845.

*Crania Ægyptiaca*.—Men of profound attainments in science are alone capable of appreciating the critical researches of the comparatively new school of ethnographical philosophers, which is becoming so prominent in our day. We have been looking, of late, into the history of this interesting effort to decypher the records of our race, and find that more credit is actually due to the author of the *Crania Ægyptiaca*, than was expressed in a recent article on the progress of ethnography. Mr. Gliddon, of whom frequent mention has been made, and who is extensively known for the important services he has rendered to the onward cause of antiquarian knowledge in Egypt, aside from the strong light he has thrown upon philology, will lose nothing by bringing the claims of his personal friends more prominently into view.

On looking back, we discover that Dr. Morton first wrote to Mr. Gliddon some eight years ago, that if he would send him about twenty-five ancient Egyptian heads, he would undertake to decide the race of men to which they belonged. This proposition undoubtedly stimulated the Consul to aid in the accomplishment of an important investigation. He sent not only the twenty-five, but one hundred, and with those and the evidences deduced from history and the monuments, Dr. Morton succeeded, after a laborious inquiry of three years, in publishing that splendid work called *Crania Ægyptiaca*, in which the question of Nilotic ethnography is definitely settled. Dr. M.'s *Crania Americana* was going through the press before Mr. Gliddon's first visit to the United States, and the author's general views introduced into the latter production, were confirmed by subsequent researches. By inquiry, it appears that Dr. Morton has actually been pursuing these extraordinary examinations fifteen or more years, and published the rich volume that embodies his discoveries and opinions entirely at his own expense, asking no other reward than a fair share of the reputation that is due to such efforts and sacrifices. Mr. Gliddon is a generous man, and a strictly just one in all literary matters. For this we honor him, and posterity will remember his claims. From a page in his *Ancient Egypt* we take the following paragraphs, which contain the frank and spontaneous avowal of an educated gentleman, whose warmth of friendship for Dr. M. makes him as solicitous for his fame as for his own.

“ A point has been reached in this exposition, where, before proceeding further, it is imperative on me to acknowledge the source, whence I de-

rive these views of primeval Nilotic history; and it is with cheerful readiness that I indicate my valued friend, Dr. Samuel Geo. Morton, of Philadelphia, as my authority for the positive demonstration of the Caucasian race and Asiatic origin of the ancient Egyptians.

"Under the title of '*Crania Egyptiaca*,' will appear from Dr. Morton's pen, a memoir, wherein the Caucasian race of the early Pharaonic Egyptians is, for the first time, demonstrated, by a mass of craniological, anatomical, historical and monumental evidence. I have had the full advantage of Dr. Morton's revision of whatever on this subject is herein advanced; while, so far as my name may be associated with the '*Crania Egyptiaca*,' it need only be said that I *derive the original idea, all the craniological facts in its support, and by far the greater portion of the argument herein put forward, from the perusal of this work in manuscript*; no less than from these subjects having, for six years, formed the substance of much epistolary intercourse, and for many months the constant theme of conversations between its author and myself.

"Were it not for the conviction, thus acquired from the incontrovertible array of facts set forth in the '*Crania Egyptiaca*' (facts hitherto unpublished by any writer in the world; and, with the exception of Sir J. G. Wilkinson, and one or two others, heretofore contested by all hieroglyphical authorities), I should not have ventured to take up against the opinions of learned and unlearned, the subject of the Caucasian race of the Egyptians; but reposing in confidence upon the labors of one so eminently qualified to decide, I am not apprehensive of the consequences in the minds of those who will peruse the work thus announced. Furthermore, its author is not responsible for any deviations from his views I may, perhaps erroneously, have adopted."—*Ancient Egypt*, p. 45.

Mr. Gliddon's reputation, as an ardent and highly successful cultivator of Egyptian history and archæology, is too well founded and too cordially acknowledged, to require any other support than his own merits; yet it would be unjust to the scientific reputation of our country, and to Dr. Morton particularly, not to say that his elaborate pursuits in ethnography, antedate, by many years, any acquaintance with Mr. Gliddon. In fact, on further observation, we discover that Dr. M.'s peculiar views of Egyptian ethnography, were actually presented to the world before a single fact had been transmitted by Mr. Gliddon to confirm them.

Having, we trust, with a becoming pride, heretofore adverted to the elevated ground maintained by a member of the medical profession, a glory attained by a severity of literary toil, it was due to the reputation of both the gentlemen whose names are here freely introduced, to point out their exact position, since it may be of some consequence at a future period. While acknowledging ourselves indebted to both of them for enlarging the boundaries of useful knowledge, by unravelling the knotted and tangled thread of ancient history, and opening to us a fair page that explains the ancient condition of civilized man, ages upon ages before the birth of Moses, we shall not attempt to conceal the desire that they may long live to enjoy the advantages of a brilliant reputation, and to add new trophies to those already acquired.

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*Intermittent, Remittent and Congestive Fevers.*—It was by the request of a respectable class of students of medicine, that the author of an in-

structive pamphlet of forty-eight octavo pages, was induced to publish the results of his own personal observations on intermittent, remittent and congestive fevers. Thomas Barbour, M.D., one of the Faculty of Kemper College, St. Louis, Missouri, is the writer, and he introduces himself both cautiously and appropriately to those who may consult him. Having had ample opportunity at the South and West for becoming familiar with every known phase in these maladies, at times so extremely formidable and destructive to life, we place strong reliance on all that he says respecting them.

In the treatment of intermittents, the doctor relies upon large doses of quinine—"from ten to twenty grains, combined with ten to twenty of Dover's powder," when the paroxysms are regular. When called to a patient in the cold stage, he gives from forty to sixty drops of laudanum, and from one to two drachms of paregoric—the feet being placed in hot salt or a mustard bath. In remittents, Dr. Barbour shows his greatest strength; but if we copy too freely, it might interfere with the prospects of the publication, which came from the press at the expense of a spirited body of students. Although he places reliance on calomel as a purgative, he does not, like some of his western cotemporaries, absolutely gorge the stomach with it. New England practitioners of modern times are convinced that there is a sad abuse of the Sampson of the *materia medica*, in the Mississippi valley, if all is true that is said of the mode of prescribing it.

Dr. Barbour's views of congestive fever are clear and satisfactory—and the treatment creditable to his judgment. He abominates, with a bold horror, two hundred grains of submuriate of mercury, and shows himself, in this respect, a discreet teacher of his profession.

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*University of Virginia—Medical Department.*—Through the polite attentions of Dr. Leitch, of Charlottesville, a catalogue of the officers and students of this University for 1844 and 5 has been received. It is a very complete document, presenting the minutest details in the course of study, and affording the kind of information that parents always desire, when fitting out a son for the university. The school of medicine, however, particularly interests us, not so much because it is unlike any other one on the Continent, but on account of its admirable system of instruction, of which we have before made mention, as being worthy both of commendation and imitation. On the determined system of hurrying everything in this country, even the processes of education, this institution is at variance with some others. There is a time there for every pursuit recognized in a course of liberal study. A medical student matriculates for a term of nine months—for which he pays \$223. This provides him with board, room, furniture, washing, attendance, fuel, lights and library—all the professorial tickets, and subjects for dissection. It is a very moderate charge. There are other prominent advantages arising from a matriculation at the University of Virginia. With its excellent regulations a student cannot be idle there, nor can any excuse from a pupil be received for non-compliance with the daily recitations, attendance on lectures, &c., but indisposition. In short, from the organization of the medical department, it has stood high—and so long as the same care is bestowed on the professional accomplishments of those who may be



graduated, as has thus far been shown, the State will have much to be proud of and to increase her reputation abroad.

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*Galvanic Rings.*—So generally are these contrivances for operating upon the credulity of mankind, worn by people who are always trying the last new remedy, that an excellent profit is made by the venders. A simple copper wire, coated on the outside by an envelope or hoop of zinc, sells for fifty cents. An enormous profit is therefore realized on them. Although manufactured here in sufficient abundance to meet any demand, it is asserted that none but those of English manufacture are the real Simon Pures! It would be a hopeless undertaking to convince those whose meat and drink it is to purchase all the latest reputed remedies, that they were duped. Each one considers himself a shrewd observer, and capable of deciding, at least, upon the merits and demerits of all medicinal compositions. Some people are always willing to give credence to mysterious modes of treatment, and it is well known that society abounds with excellent persons, distinguished for their humanity, charity and philanthropic yearnings, who would sign certificates till the crack of doom, to satisfy the bequacked part of the community that astonishing and even miraculous cures have been performed by some favorite remedy.

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*Compound and Complicated Fractures.*—Messrs. Crocker & Brewster have just published an essay on the *Treatment of Compound and Complicated Fractures*, by William J. Walker, M.D., being the annual address before the Massachusetts Medical Society in May last. The pages of the Journal were so nearly made up when a copy of the essay was received, that a further notice must be deferred to another week.

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*Quinine in Miasmatic Regions.* TO THE EDITOR.—Sir,—I live in a miasmatic district, where we have a great amount of intermittent and remittent fever during the spring and fall, which is treated by me with quinine in eight-grain doses, commencing twelve hours before I expect the chill, and give one every two hours until the patient has taken three doses, twenty-four grains, during the intermission. In giving quinine, if it is given within six hours of the chill, it does no good, for the stomach being inactive it does not digest sufficiently to pass into the circulation.

Monticello, Lewis Co., Mo.

Z. T. KNIGHT, M.D.

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*Fear, its influence on public Health.*—Dr. Zimmerman has given a very interesting account of the influence exerted on the public health by the great fire at Hamburgh in 1842. He notices particularly the fact that many bedridden invalids rose and displayed supernatural force and energy, some of whom remained permanently cured. Diarrhœa, mania and apoplexy were the principal diseases observed. There were 43 deaths, and 120 wounded. The monthly mortality was, however, below the average.

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*Medical Miscellany.*—Dr. W. L. Wharton is Surgeon, and Dr. George Buist Assistant Surgeon, of the 2d Regiment of U. S. Dragoons—on their



march to Texas.—One case of yellow fever is reported to have occurred at New Orleans.—Four horses recently got into a log hut, and the door closing they remained nine days, without a particle of food, before they were discovered; but are now doing well.—A boy at Limington, Me., nine years of age, weighs 155 lbs. For two years he has been enlarging at a tremendous rate, according to the newspapers.—A Mrs. Greenlaw, of Bangor, through her clairvoyancy, seems to be making revelations so surprising, in regard to the thievish propensities of a man of unquestioned respectability, that the inhabitants of East Corinth have held a public meeting and resolved various things—none of them being in favor of mesmerism.—Dr. Paige, of Washington, D. C., who is connected with the patent office, has recently made a brilliant discovery in the application of electro-magnetism to the propelling of machinery.—In the intestines of an aged colored female idiot, who recently died at Baltimore, a pound of nails, pins and coal were found.—A man 79 years of age, in New Hampshire, is now cutting a third set of teeth.—At Geneva, in the professions, out of 1000, 114 fall by consumption, annually.—A white sulphur spring has been discovered on the margin of the lake, only a few miles from Saratoga Springs.—Dr. Jarvis, of Dorchester, and Dr. Kneeland, of Paris, France, have taken the Boylston prizes this season. The particulars will soon be known.

TO CORRESPONDENTS.—A paper from Dr. A. McCall, of Nashville, Tenn., has been received.

MARRIED.—On the 27th of May, Leonard Spaulding, M.D., of Millbury, to Miss Hannah R. Colburn, of Lincoln.—At Randolph, Vt., Dr. J. Y. Dewey, of Montpelier, to Mrs. Tarbox.

DIED.—At Greensborough, Ala., Robert D. Webb, M.D., by being thrown from his horse.

Number of deaths in Boston, for the week ending Aug. 9, 44.—Males, 21; Females, 23. Stillborn, 5. Of consumption, 5—convulsions, 2—accidental, 3—typhus fever, 2—smallpox, 1—infantile, 2—dropsy, 2—diarrhœa, 1—dropsy on the brain, 1—scarlet fever, 3—lung fever, 1—child-bed, 1—disease of the heart, 1—intemperance, 1—syphilis, 1—hooping cough, 3—quinsy, 1—cramp in the stomach, 1—erysipelas, 1—measles, 1—cholera morbus, 1—cholera infantum, 2—inflammation of the bowels, 1—disease of the bowels, 3—croup, 1—teething, 1.

Under 5 years, 20—between 5 and 20 years, 7—between 20 and 60 years, 17—over 60 years, 0.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| July. | Therm.        | Barometer.          | Wind. | July. | Therm.        | Barometer.          | Wind. |
|-------|---------------|---------------------|-------|-------|---------------|---------------------|-------|
| 1     | from 48 to 61 | from 29.39 to 29.40 | S E   | 17    | from 72 to 90 | from 29.13 to 29.31 | S     |
| 2     | 54 63         | 29.34 29.40         | S E   | 18    | 70 82         | 29.22 29.36         | N W   |
| 3     | 61 70         | 29.19 29.25         | S W   | 19    | 59 73         | 29.51 29.52         | N W   |
| 4     | 58 75         | 29.19 29.29         | S W   | 20    | 62 80         | 29.39 29.53         | S W   |
| 5     | 57 73         | 29.33 29.41         | S W   | 21    | 68 88         | 29.20 29.27         | S W   |
| 6     | 60 81         | 29.43 29.46         | W     | 22    | 71 82         | 29.10 29.11         | N W   |
| 7     | 67 86         | 29.27 29.32         | W     | 23    | 62 74         | 29.10 29.13         | N W   |
| 8     | 69 85         | 29.26 29.32         | W     | 24    | 55 72         | 29.17 29.22         | N E   |
| 9     | 63 76         | 29.36 29.44         | N W   | 25    | 50 68         | 29.22 29.23         | N W   |
| 10    | 54 79         | 29.50 29.56         | N W   | 26    | 53 83         | 29.20 29.22         | S W   |
| 11    | 62 88         | 29.28 29.36         | S W   | 27    | 64 73         | 29.06 29.15         | N E   |
| 12    | 73 93         | 29.25 29.27         | W     | 28    | 54 67         | 29.00 29.00         | N E   |
| 13    | 73 85         | 29.14 29.20         | N E   | 29    | 56 76         | 29.09 29.12         | N W   |
| 14    | 64 89         | 29.15 29.17         | N W   | 30    | 68 82         | 29.07 29.07         | S W   |
| 15    | 72 91         | 29.18 29.20         | W     | 31    | 66 76         | 29.07 29.32         | S W   |
| 16    | 73 92         | 29.27 29.37         | S W   |       |               |                     |       |

The month of July has been pleasant, favorable to the husbandman and the ingathering of the crops. There has been quite a number of warm days—the 12th inst. the warmest for many years. Range of Thermometer, from 50 to 91—Barometer, from 29.00 to 29.56. Rain, 2.91 inches.—12th, Thermometer 82° at 9 P. M. 14th, Ther. 92° at 1 1-2 P. M. 15th, Dwarf Horse Chesnut in blossom. 16th, Ther. at 94° at 1 1-2 P. M.

*Needles in the Parietes of the Heart.*—Dr. Sklarsky, a Russian physician, relates a case of aneurism of the aorta occurring in the person of a woman, æt. 50, and proving fatal by rupture into the pericardium. On examination, a sewing-needle one inch long, was found so firmly imbedded in the substance of the right auricle, and so corroded, that it broke into several pieces on attempting to extract it. Dr. Sklarsky supposes that the needle having been swallowed, stuck in the œsophagus, then passed into the aorta, and gave rise to the aneurism, whence by the movements of the heart, it was thrust into the auricle. In the following case recorded by Dr. Leaming, the progress of the needle appears to have been traceable by the symptoms. A young woman, when stooping over a table, ran a needle into the right breast; a month subsequently she was suddenly seized with pleuritis, after stooping to pick something from the floor. Five months after this, she had pneumonia, with bronchitis of the right lung, and within another month spasms of the diaphragm, which were succeeded by obstinate vomiting and subsequently by pain about the heart and pericarditis. The needle was found after death in the heart, passing from the back, through the right ventricle into the left.—J. R. BENNETT, in the *British and For. Med. Review*.

*Accident to Professor Paine.*—We are happy to learn that Professor Paine, who recently received a severe injury by the upsetting of a stage, near the village of Ballston Spa, is rapidly recovering, and will soon be able to resume his usual avocations. As many erroneous statements have been published in relation to the manner in which the accident occurred, as well as the nature of the injury received, the following particulars, derived from Dr. P. himself, will not be uninteresting:—The stage, at the time of the accident, was laden with thirteen passengers, and was drawn by high-mettled and unmanageable horses. Dr. Paine perceiving the danger, repeatedly requested the driver to stop on arriving at the top of a high hill, at the bottom of which was a bridge at an elevation of some fifteen feet above the rocky bed of a small stream below. At the moment of passing the bridge, the outside rein of the off horse gave way, which, by the efforts of the driver to hold the horses, brought the leaders suddenly round, and the carriage was precipitated into the mud and water below. Dr. Paine was taken out almost immediately, in a state of insensibility, from which he soon recovered. On examination, it was found that his collar bone and two or three ribs of the left side were fractured; these, together with some bruises, and a severe concussion of the vital organs, rendered his situation very precarious for a day or two; but, from letters just received, we are glad to learn that he is rapidly convalescing. We trust that medical science may enjoy the benefit of his talents, learning, and research, for many years to come.—*New York Journal of Medicine*.

*Paralysis.*—We have used the strychnine 1-12 gr. three times a day, and gradually increased the dose to 1-8 gr. in two cases, which we thought in a condition to be benefited by it; that is, in which there was no evidence of inflammation. Slight twitchings in the paralyzed limbs were produced, showing the action of the remedy, but no permanent benefit has resulted. The conclusion is from this fact and from the chronicity of the cases, that changes have taken place in the structures beyond the power of our art.—*St. Louis Medical Journal*.

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No. 3.

DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 35.]

NEARLY contemporary with Gooch was Percival Pott, whom, however, we will only quote upon those points on which he originated some modification of the methods of treating fracture of the femur previously in use—though his remarks concerning the treatment of fractures generally, are well worthy of attention.

It being evident that the chief source of difficulty in keeping the parts of the fractured bone in proper apposition, is the tension of the surrounding muscles, causing the ends to ride over each other, Pott thought that the limb might be put into such position as would lessen this tension and thus greatly remedy the difficulty. The manner in which he hoped to effect this, may be best given in his own words. "The position of the os femoris should be upon its outside, resting on the great trochanter; the patient's whole body should be inclined to the same side; the knee should be in a middle state, between perfect flexion and extension, or half bent; the leg and foot, lying on their outsides also, should be well supported by smooth pillows, and should be rather higher in their level than the thigh; one very broad splint of deal hollowed out and well covered with wool, rag, or tow, should be placed under the thigh, from above the trochanter quite below the knee; and another somewhat shorter should extend from the groin below the knee on the inside."\*

Though the excellence of much of the above is more than doubtful, it is interesting as presenting the first suggestion of flexing the limb to lessen the tension of the muscles. We are indebted to Pott in a great measure for exposing the absurdity of several ideas previously prevalent in the treatment of fractures. One is the advantage of using "roborant" and adhesive plaster, and other such applications, externally in simple fractures. He strenuously discountenances these as useless, and in many cases hurtful, but apparently unable to shake himself entirely free, he allows cere-cloth if it does not stick to or irritate the skin, and acknowledges that "at St. Bartholomew's we" use a cerate "of lytharge." Another absurd idea which he contends against, is the one above mentioned when speaking of Gooch—"the juice of the callus." This he ridicules exceedingly, and though his reasoning is erroneous in some details, it shows him to have been in possession of correct principles.

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\* The *Chirurgical Works of Percival Pott, F.R.S., &c.*, London, 1783, v. i. p. 423.



We have not cared as yet to set forth in detail the imperfections of the various apparatus mentioned, but have left them to suggest themselves to the general intelligence of the reader. A new school, as it were, commenced with Pott in the treatment of fractures of the femur, and though many of the ideas which he advocated have long since been abandoned as erroneous, some of his suggestions are acted upon to the present day. We will therefore in future follow out in turn each new principle, and tracing its history uninterruptedly down to the present time, attempt to point out perspicuously and concisely its excellencies and defects. We will thus, though nominally giving a mere sketch of the progress of an art in this direction, in reality prepare the reader to judge with discrimination which "is the best apparatus for the treatment of fractures of the femur."

The first objection to Pott's method was, that the position was very irksome, and impossible to be retained without such motion of the body as would inevitably derange the broken bone. It deprived the patient of the use of one arm—it made it difficult for him to void his stools—and finally, extension could not be effectually maintained. Yet the idea of relaxing the most powerful muscles (all, of course, could not be relaxed) was approved of and influenced White, the two Bells, the two Coopers, Mr. Earle, and many others, in the construction of their apparatus.

Mr. White made his splint of iron, hollowed out to adapt it to the form of the leg and thigh, but it being found heavy and inconvenient, a Mr. James, of Hoddesdon, improved it by constructing it of wood with moveable side splints.\* J. Bell† and Sir Astley Cooper‡ were content with two boards, joined at an obtuse angle and connected by a third board at their distant ends. For greater convenience of adaptation, the two boards forming the double inclined planes were joined by hinges, and the third or horizontal board was furnished with a rack to receive their ends, so that they might be placed at any inclination desired. Side splints detached from the rest of the apparatus were used. A machine precisely similar to this was devised by Delpech, and Gerdy§ devotes to it a plate and several pages of description, but it involves no new principle and is more complicated than those of Bell or Cooper, whilst it has none of the conveniences of Earle's fracture bed.

This somewhat celebrated affair was contrived in 1806 by Mr. Henry Earle for a very bad case of fractured femur, and its invention was at once rewarded by the Society of Arts. It consisted of three inclined planes—one for the trunk, one for the thigh, and one for the leg. They were well covered with mattresses—provided with a rack to adjust the inclination, and the plane for the trunk had a piece which could be removed so as to enable the patient to pass his stools with ease and comfort. As a still further convenience this bed was provided with a frame work to hold a book or writing materials.|| Still the principle of the

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\* Cases in Surgery, London, 1771.

† Operative Surgery, v. ii. Principles of Surgery, edited by C. Bell, v. ii. p. 183.

‡ Surgical Essays by A. Cooper and B. Travers, London, 1820, v. ii. p. 59.

§ Traité des Bandages, p. 411, pl. ix.

|| Practical Observations in Surgery, London, 1823, p. 128.



contrivance was identical with that of Bell and Cooper, the ingenuity being chiefly exerted upon the accessory comforts rather than upon perfecting the *fracture* apparatus.

The chief objection to the latter machines is their size, and to the more perfected one of Earle the mechanical complication and expense were additional evils. The great advantage promised by them, besides the relaxation of some of the muscles, was, that the weight of the pelvis would assist in extending the limb, and concerning this Cooper has said much that has generally been approved of. Dr. Bonnett, however, Surgeon-in-Chief of the Hotel Dieu at Lyons, doubting the benefits of the demi-flexed position in treating fractures of the thigh, undertook several experiments with a view of throwing light upon this point. He broke the bone and ascertained that in fractures of the thigh the position of the lower fragment is modified by the movements impressed upon the leg and foot, and of the superior by those of the vertebral column. That when the knee is bent as usual in treating fractures by demi-flexion, the inferior fragment is pushed upwards and its point thrown towards the posterior and internal side of the thigh, and the articular extremity forwards and a little outwards. He thinks this constant, and that it occurs to a greater extent during life than after death, and therefore decidedly objects to the demi-flexed position.\*

Though we have made no such experiments, and cannot even give a rational argument against the conclusions of Dr. Bonnett, we cannot feel the force of them in treating these injuries with proper apparatus, and we are confident that the contrivance of Amesbury, and all after that type, would perfectly remedy the difficulties above suggested, whilst the relaxation of the flexors, the convenience of position, and the assistance given by the weight of the pelvis, are advantages which in our estimation should not be slighted.

Amesbury's splint consists of a piece for the thigh and another for the leg, connected by a hinge, and furnished with a rod lengthened or shortened by means of a screw, answering the purpose of the third or horizontal board of Cooper and Bell. These pieces are curved to fit perfectly the under surface of the limb. A foot-board is attached to the leg piece, and the apparatus is so contrived that either by shifting the pieces or by elongating slides it can be adapted to limbs of various lengths. The thigh is surrounded by Gooch's flexible splint, and the whole secured by straps, buckles and screws, of each of which there is apparently an indefinite and most bewildering number, constituting the great and fatal defect of the machine.† Liston simplified this very much. A frame-work of two lateral rods of iron, jointed at the knee, and connected by four half hoops of the same material, constituted the foundation of his splint. Canvass or leather attached to these pieces replaced the carved posterior wooden splint. A wooden foot-piece is made fast by a thumb-screw at

\* His paper is reviewed in the *Gazette Med. de Paris*, 1839, No. 38 et seq., and in the *Archives Generales de Med.*, Jan., 1840.

† Observations on the nature and treatment of fractures of the upper third of the thigh-bone, and of fractures of long standing; showing that fractures of the neck of the femur and others admit of being united, &c. &c., by Jos. Amesbury, Lond., 1828.

the desired point of the leg-pieces, which latter are furnished with a broad transverse support at the lower end, or so contrived as to screw to the bedstead if necessary. Side splints, straps and buckles are also used, but in less numbers and simpler forms than with the last.\*

An apparatus much like this has been used for some years past by Prof. N. R. Smith, of the University of Maryland. In it the side pieces are of wood, but except in unimportant details it does not differ from Liston's.† To bring the history of this form of apparatus down to the present day, we will merely say that a physician of one of the neighboring States has contrived one which seems to be a conglomeration of Amesbury's, Liston's and Smith's—not an eclectic effort after the excellencies of the others, but the result of an evident desire to give them all together in wood, iron, canvass, leather and brass—straps, buckles, screws and slides—truly fearfully and wonderfully made. And, lastly, Dr. Hamilton Rowe, of New York, not making any pretensions to novelty, “got up” a set of splints upon the general plan of Amesbury, nicely carved, but shorn of three fourths of the buckles, straps and screws, and otherwise much simplified, and to these we give the palm for double inclined plane splints, advising the use of them under circumstances hereafter to be mentioned.

In all of these, the bulk is no objection, as the limb when encased in them is not increased an inch in diameter. Their weight, too, is very slight, their neatness and cleanliness unimpeachable. What is also of importance, the inclination of the thigh and leg pieces can be increased or diminished unconsciously to the patient, and the limb thus exercised by passive motion towards the latter part of the period required for a cure.

Besides these advantages in the use of this form of splint, there is another, not peculiar to it, but a characteristic of Sauter & Mayor's method, and also used with the “immovable” apparatus—that of suspending the limb from some point above the bed—the ceiling, say—at just such a height as to clear the mattress and permit free motion in every direction. The limb thus slung is not jarred by the movements of the trunk, and the muscles being allowed some little change of tension, escape fatigue. This was originally suggested in the latter part of the last century, and is given in the sixth volume of Benj. Bell's *Surgery*. Few suggestions have done more to ameliorate the condition of patients suffering from fracture, or have tended more, though indirectly, to increase the ultimate success of the treatment, than this simple and apparently most natural one. The height at which to suspend the limb should be such, that it may move through the arc of as large a circle as possible, and thus but slightly deviate from a horizontal position.‡

\* *Edin. Medical and Surgical Journal*, April, 1820.

† *Baltimore Med. and Surgical Journal*, Edit. by E. Geddings, 1833, v. i. p. 13.

‡ To suspend the limb, get a hook which will screw into the ceiling. Take a block of wood two and a half inches long, one wide, and three quarters of an inch thick. Through the thickness of this bore two holes, inclining towards each other so as to be about two inches apart upon one side and an inch and a half upon the other. Fasten a piece of cod line to one end of this piece of wood, carry it up over the hook; bring it down into the divergent end of the upper hole, through this into the convergent end of the lower to the splint. The advantage of this little affair, which can be made in less time than it takes to describe it, is that by raising the splint and taking the tension from the cord, the block can be slid up or down upon it so as to make the limb higher or lower, but whilst the cord is tense the block is firmly held in its place, and the limb preserves the height at which it was adjusted.

We will now take the reader back to a period a little later than that of Pott for the type of another species of apparatus for the treatment of fractured thigh, which has held a high rank amongst such contrivances. It is characterized broadly and generally by its "aim to connect the pelvis and superior fragment into one piece, and the leg and inferior fragment into another," and to exert continued and forcible traction upon these as nearly as possible in the direction of the axis of the whole body. It may be said that this was the aim of Belloq, and that we should take our departure in the description of this species, from his machine. It is true that he made counter-extension against the tuber ischii, but he did this very imperfectly, and his rack-like machine seems rather to belong to the days of glossocomii and trispastoi than to an enlightened age.

We shall begin with Desault. He used three splints: the outside one hollowed a little at its upper part to adapt it more perfectly to the convexity of the hip and thigh, and extending four inches beyond the sole of the foot, having a mortice cut into its lower end; the anterior one extending from the groin to the knee; the inner one from the perineum to the sole of the foot. These were well padded, and the necessary number of junk bags filled with chaff were used to further protect the limb. Omitting the description of the rollers, splint-cloths, &c., we only give those bandages which enter into the extension apparatus proper. One broad one carried around the body fixed the upper end of the long splint against the hip, whilst a roller, well wadded to prevent chafing, passed between the thighs as suggested by Heister, and had its ends tied firmly over the head of the splint. This was the counter-extending band, and though the deviser says that the *point d'appui* is the tuber ischii, it must be evident that the perineum, and more particularly the neighborhood of the attachment of the semi-membranosus and gracilis, will have to bear the greatest pressure. Around the foot and ankle were passed two rollers, the four ends of which served as extension straps, and were made fast to the lower extremity of the outside splint—for which the mortice above mentioned was intended to furnish a facility. The inner and anterior splints gave a firmness and compactness to the whole arrangement, the minuter details of which we could not profitably and therefore do not care to enter into.\*

To this apparatus were two objections. The perineal strap was very apt to chafe—in many cases, indeed, this could not be prevented.† The extending bands being carried off at an angle, to the extremity of the splint, extension was not made in a direct line, and the outside of the foot bore too much against the splint, causing it to chafe. As other minor objections, not affecting the principles but rather the details, the waist bandage was apt to slip, and the extension bands at the foot being rollers, their pressure was not evenly and constantly distributed.

\* A Treatise on Fractures, Luxations and other affections of the Bones. Ed. by X. Bichat (published in France 1811), translated by Chas. Caldwell. Phil. 1811. p. 232.

† To this the lameness of General La Fayette was owing, and not to the fracture of the thigh being badly united, as has been generally supposed. The case I have read in one of the old French Journals, but I cannot lay hands upon it now.



Boyer omitted the waist bandage entirely, and attached the foot to an iron sole well covered with soft leather, and connected to a screw, by turning which, it could be moved up or down the long splint and extension effected.\*

Dr. Physick thought that with an outside splint only reaching to the hip, counter-extension was made at too great an angle with the axis of the limb and had a tendency to force the upper fragment outward; a mishap very likely to occur when the fracture is near the neck. To remedy this defect, he used a longer splint extending up to the armpit and furnished with a head like a crutch, well wadded. Immediately below this head a mortice was cut to receive the counter-extending band. Another useful suggestion was made by a Dr. Jas. Hutchinson to remedy the defect in the extension of the foot in Desault's apparatus, without recourse to the screw of Boyer. This was simply to attach a block, about one inch and a half thick, at right angles to the lower end of the outside splint on its inner side—over which block the extension bands could pass, thus bringing the traction more into a line with the axis of the leg.† With Physick's the axilla received at all times a part of the counter-extending force, and the whole of it when the perineal strap was removed to examine whether it chafed.

The only other modification of Desault's splint which it is worth while to mention, is that of Dr. J. F. Flagg, of Boston; and this we mention, not that any new principle is introduced, but because it is used with almost unvarying success in the Massachusetts General Hospital. The waistband is replaced by a broad belt buckled on, having a leather pocket for the reception of the head of the long splint. The perineal strap of Boyer is used, but in addition to it the inner splint is fitted with a head like a crutch, well stuffed, and is made to exert part of the counter-extending force. Through a cross piece morticed into the lower end of both pieces, a screw passes, to which the foot straps are attached, and by turning the screw traction is effected.

The value of Desault's principles as used under the last-mentioned improvement, as well as in almost all of this type, may be very readily estimated. The apparatus is simple, cheap and readily obtained or manufactured. It is not bulky or heavy. Traction is sufficiently strong, can be easily tempered, and is made in the proper direction. By a judicious distribution of the compresses and junk bags, the limb is uniformly and well supported. So much for the favorable view. The unfavorable points are three:—The position of the whole body, when an apparatus of this kind is applied, is very constrained, and of course irksome. The perineal strap is very liable to chafe and ulcerate the parts against which it is applied, particularly with corpulent persons and with females. It is also apt to become foul from contact with the excretions. This summary exhibits a balance in favor of this splint, our views as to the application of which will hereafter be given.

An apparatus constructed upon another plan, for producing extension and

\* *Traité des Maladies Chirurgicales*, &c., Paris, 1822, v. 3, p. 302.

† *Institutes and Practice of Surgery*, &c., by Wm. Gibson, M.D., Phil. 1824, v. i. p. 441.



counter-extension, has been frequently confounded with that of Desault, but it will be seen that the principle is different. We mean that of Hagedorn. Even before Desault wrote, Bruninghausen, a German surgeon, treated fractures of the thigh by confining both feet together, making the sound limb answer the purpose of a splint.\* This was highly ingenious, and if he could have kept the pelvis from *giving* towards the injured limb, it would have answered very well; but yielding to the influence of pain, the pelvis would cant, and of course permit the fragments of bone to override each other.

This defect Hagedorn attempted to remedy in the following manner. A splint, reaching from the crest of the ileum to just below the foot, had, strongly and stiffly morticed at right angles to its lower extremity, a board large enough to receive the soles of both feet, and perforated with many holes. This splint was firmly bound to the outside of the sound limb throughout its whole length and to the hip. The foot of the same side was then made fast to the board by an ankle band, with straps passing through the holes above mentioned. The fractured limb was lastly extended, and the foot of that side made fast along side of the other—the limb itself remaining without dressing or bandage.†

Finding that even with Hagedorn's splint the pelvis could not be kept perfectly firm, Prof. Gibson, of Philadelphia, modified it by using two splints, one on each side of the body, and these instead of reaching to the hip were extended to near the axilla.‡ This, we may take for granted, remedied the defect, but to look at the picture illustrating his apparatus is sufficient to impress one at once with the objections to it. The man looks as if he were getting his coffin made by instalments, and was already fitted with it from his arms down, and it is evident that his position must be irksome to an almost insupportable degree, to say nothing of the difficulty of attending to personal cleanliness whilst the patient has so much of him encased in wood and bandage. Samuel Cooper thinks Hagedorn's "perhaps the best apparatus ever invented for fracture of the neck of the thigh-bone;" and so with a constantly careful and observant surgeon it might be, but we must beg leave to doubt its efficacy and certainly its *peculiar* excellence as a means for the majority of practitioners.§

The next method of treating fractures of the thigh has been designated by the title "the suspensory method," the history of which is as follows. In 1812 Dr. Sauter, of Constance, published a work|| in which he advocated the treatment of fractures by simply suspending the fractured limb upon a horizontal platform sufficiently provided with cushions—the limb being unconfined by splints, but merely kept in place by enough handkerchiefs or other bandages to effect that object. The advantage promised by this means, was, that from the mobility of the limb,

\* His work was first published at Wurtburg in 1769, 8vo. with plates. It was translated into Italian by Paletta, but never into English.

† His work was published in Leipzig in 1803, 8vo. 2 plates. I have not seen it.

‡ Op. citat., v. i. p. 445.

§ First Lines of the Practice of Surgery, Phil. 1835, v. ii. p. 290.

|| Instructions pour traiter sûrement, commodement et sans atelles, les fractures des extrémités, &c. Traduit de l'Allem., par M. Mayor. Constance, 1812.

movements of the body did not produce any jar or shock that would displace the fragments of the fractured bone, and consequently the clumsy and annoying apparatus of bandages and splints was unnecessary, and all the inconveniences entailed by their use avoided. In spite of the advantages which the original suggester of this mode of treatment thought would prove so obvious, treatment of fractures by the "planchette suspendue" had excited but little attention when Dr. Mayor adopted the idea, and having already translated Dr. Sauter's work from the German, he published in 1827 at Geneva his own views.\* His book shows much originality, laborious research and praiseworthy industry, but we cannot help feeling, upon its perusal, that the author has permitted himself to be engrossed too much with one idea, a not uncommon fault of even superior minds. To finish the history of Dr. Mayor's exertions up to his last publication upon this particular subject, in 1838 he published his third and last (I believe) work,† in which, in addition to his advocacy of "Hypothénarcie," he recommends many simple substitutes for the more complicated apparatus now in use, particularly of handkerchiefs for roller bandages.

We will give a more detailed description of Dr. Mayor's apparatus. The simplest contrivance, and the one which may be taken as the starting point for other devices having the same object, or the type upon which his other fracture apparatus are formed, consists of a plain piece of plank, say an inch thick and of size proportioned to the limb to be placed upon it. A cord is attached to each corner by passing through a hole, and being knotted on the under side, and by these four cords united at the height of three feet into one, the board is suspended. Upon this board a cushion is laid for the protection of the limb, which is kept in place by two or more handkerchiefs encircling both it and the board. The above, as we have said, is the simplest form of Mayor's apparatus, but it embodies every principle he insists upon.

For the more complicated forms, we can conceive of the board having holes cut in different parts of it, or having upright pieces tennoned into the edges of it, in order to vary the direction of *lateral* traction, or make it more efficient by passing the ends of the handkerchiefs through the one or around the other. The plank, which is hard and unyielding, is replaced by an outline frame-work of tough wood or of steel rod, filled across with wire, the elasticity of which would obviously tend to lessen the irritation of the support.

Still further—in fractures near articulations, or upon any other necessity, two or even more of these frames may be joined together at the end, either with a flexible or immovable joint. For the thigh the particular apparatus is as follows. A platform, for the thigh alone, may be used, or one extending straight from the ischium to the heel—or one composed of a thigh and leg-piece united at an angle, the latter much resembling some of the apparatus we have already described. With

\* *Memoire sur l'Hypothénarcie ou sur le traitement des fractures, par la planchette.* Geneve, 1827.

† *Bandages et Appareils à pansements, ou nouveau systeme de deligation Chirurgicale, &c. &c.* Paris, 1838, 8vo. avec atlas.

these, straps well padded and furnished with buckles are used to keep up the necessary extension. For fractures of the neck of the thigh bone three contrivances are recommended—a thigh-piece alone, a leg-piece alone, or a popliteal support, "*selle poplitée*," somewhat resembling a small saddle, answering to the double inclined plane, but not furnishing support over so large a surface. To these the objections are obvious—too many muscles being not only left at liberty to exert themselves, but being excited to exertion in order to give that steadiness to the limb which might be furnished by the splints.

Such is the apparatus of Mayor, the advantages and defects of which are almost as evident as the contrivance is simple. We can say that wherever it is sufficient to achieve our designs, nothing could be simpler, cheaper, less troublesome or more comfortable, and in fractures of the leg unattended with complication, but a trifling modification would induce us to give it a hearty approval. When, however, we take into consideration the nature and extent of the difficulties we have to contend with in treating a fracture generally so unfavorable from its obliquity, and surrounded by such powerful muscles as that of the femur, we could not feel safe in employing it without such alteration as would take from it some of its most characteristic peculiarities. At the same time we would not wish to appear to doubt the sincerity of M. Mayor in his assertion that he has treated many cases of fracture of the femur, with perfect success, but can readily conceive that cases simple in their nature, and treated with great care and constant attention, might often eventuate well.

In spite of the admirable zeal of M. Mayor, his method seems to have made but little progress in the good opinion of the profession, and its application is still comparatively limited to a very few, except under such modifications as would scarce permit its originator to recognize it.

[To be continued.]

## THE "EPIDEMIC" IN CENTRAL NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease, which has prevailed so extensively throughout the country under the names of "epidemic fever," "black tongue," "typhoid erysipelas," &c., made its appearance in this section about three years since. Commencing in certain districts, raging for a few months, and then gradually abating as it appeared in other places, it has travelled over a great part of central and western New York. In some localities it has assumed a malignant and fatal character, attended with erysipelatous inflammation and typhoid symptoms. In others it has been of a milder form, distinguished by a cynancheal affection of greater or less severity. Hence the different appellations it has received. By some the term "black tongue" has been applied to all cases, whether this symptom were present or not; and by others, "epidemic," and "typhoid erysipelas." The former I have rejected, not only as unscientific, but as



merely expressive of a symptom frequently observed in fevers of a malignant character; and the latter appears to me equally inappropriate, at least in a majority of cases.

The constitutional symptoms which characterize an attack of this epidemic, closely resemble those of our ordinary remittents, except in their much greater diversity—a diversity which pertains to its whole course, as if it were not under the control of those laws which regulate the progress of most febrile diseases. In some instances it is ushered in by a severe rigor, succeeded by vigorous re-action. In others the premonitory stage is protracted. The different stages, however, are seldom well defined, and the remissions and exacerbations are irregular. Sometimes the fever is quite ephemeral, and terminates in a critical evacuation. But more generally it advances for an indefinite length of time, and without any marked crisis terminates in gradual convalescence or death. The nervous symptoms throughout the course of the disease are very conspicuous; the pulse exceedingly variable; the tongue, at first covered with white or yellowish fur, soon becomes dry and dark. Nausea and vomiting are common at an early period, and not unfrequently diarrhoea, with delirium, tympanitis and colliquative discharges in the latter stages. Some of the local symptoms are more diagnostic of the epidemic. Catarrh, more or less severe, appears before the constitutional disturbance is manifested. The fauces soon become inflamed, the tonsils enlarged and painful, tongue swollen, &c. Extensive suppuration of the tonsils frequently takes place; and in some of my cases, abscesses have formed in different situations about the throat, requiring an external opening and giving exit to large quantities of matter. Erysipelatous inflammation about the head, face or extremities is also common; sometimes confining itself to a single spot, sometimes shifting from place to place, and sometimes spreading over a large extent of surface. This inflammation has appeared among the first symptoms, but usually not until two or three days after the development of the fever, and often much later. When it confines itself to superficial parts, and the constitutional disturbance is moderate, desquamation takes place, and the patient generally recovers in a few days. But when it attacks internal organs, or when it involves sub-cutaneous structures terminating in suppuration or gangrene, the case becomes one of great danger. Some cases have occurred in my practice in which the inflammation began with a vesicle upon the hand, spread rapidly over the fore-arm, assumed a phlegmonous character, and terminated in suppuration and sloughing of the cellular tissue. I have also seen some cases in which it has attacked and terminated in gangrene and death in a few hours. These, however, were patients of relaxed and vitiated habits.

The disease seems to attack principally adults; those whose constitutions have been enfeebled by age, intemperance, or previous disease, being most obnoxious to it. Among puerperal women its ravages have in some instances been truly frightful. In cases of this kind that I have seen, the disease has appeared in the form of puerperal fever, coming on simultaneously with the re-action after delivery, and generally terminating fatally.



The striking feature of this epidemic, and what constitutes its greatest danger, is the extreme proneness to visceral inflammation and early prostration of the vital powers. The brain, the respiratory or the digestive organs, if not primarily affected, are almost sure to suffer at a later period. Cerebral irritation is generally a prominent symptom in the complaint, and when inflammation has attacked this organ it has usually made its appearance in the advanced stages. Pulmonary and hepatic inflammations also supervene at any period, sometimes setting in with the re-action after a collapse.

In some instances where the re-action is not vehement or the local affection very obvious at first, gastro-intestinal inflammation supervenes. The nervous energies become exhausted, and the patient sinks with tympanitis, involuntary discharges, subsultus tendinum, delirium, coma and death, almost before such an event can be anticipated.

With regard to the origin of this disease, and how far it may depend on miasmatic influence, there is some diversity of opinion—a subject, to enter upon which will extend too far the limits of this article. Suffice it to say, according to my observation, it has not confined itself to, nor indeed has it assumed greater malignity in low and marshy districts, but has appeared in its worst form in situations remote from the ordinary sources of malaria—situations that have hitherto been remarkable for their salubrity and free from miasmatic diseases.

As to its contagious character, I will only say that attendants and those most exposed to the sick room, are very liable to it. In some instances whole families have been successively attacked, as have domestics also, some of them after returning to their homes at a distance for the purpose of avoiding the danger.

*Treatment.*—In this as in other affections the practitioner must be governed by general principles, and guided wholly by the indication present, keeping in view the peculiar tendencies of the disease. In young and robust subjects, where the re-action was vigorous, and especially if there were symptoms of visceral inflammation, I have used the lancet, bleeding in all cases until a decided impression was produced, but seldom repeating the operation. Some have remarked that this impression is obtained by a very limited abstraction; but such does not accord with my own observation. In old or debilitated subjects, and even in the robust after the disease is much advanced, I consider venesection hazardous. A gentle emetic in the commencement generally proves beneficial; also one or two cathartics sufficient to evacuate the bowels freely, in the early part of the complaint. For this purpose I have used six or eight grains of calomel, followed by a small dose of castor oil. When this is omitted or postponed to a late period, the tendency to gastro-intestinal irritation with its attendant symptoms is much greater. After the above means, mild aperients, enemata, sudorifics, anodynes, &c., according to the indications, with a mild and unirritating diet, constitute the general management. Tonics and stimulants are often indispensable, but require to be administered with great caution, as they are apt to re-excite inflammatory action. Mercurial ptyalism at an early period has

in many instances been followed by very happy results. This has been particularly marked in some cases where pulmonary or hepatic inflammation existed. Antimonials and drastic cathartics I have avoided on account of the mucous irritation almost invariably present.

In topical remedies much reliance is placed; sinapisms, blisters, cups, leeches, &c., according as they are indicated, in the vicinity of the local affection. As an application to inflamed surfaces, I have used a solution of the sulphate of iron with very satisfactory results—varying the strength according to the susceptibility of the part. Blisters are also used to arrest spreading inflammation, but for this purpose the tincture of iodine has answered my expectations better. When the tonsils are much inflamed, free scarification and the nitrate of silver are the usual remedies, with external stimulating applications to the throat. When suppuration occurs in any part, it should be treated upon general principles.

*Summer Hill, N. Y., Aug. 8, 1845.*

H. O. JEWETT, M.D.

#### EXCISION OF A FIBRO-CARTILAGINOUS TUMOR FROM THE NECK.

[Communicated for the Boston Medical and Surgical Journal.]

ON Wednesday, June 26th, 1844, Ashley M. Rose, an athletic seaman, of medium stature and full muscular development, 34 years of age, presented for examination, at the request of Dr. N. Ruggles, of this town, a tumor, of which he gave this account:—at 12 years of age he perceived a small, hard substance, behind the lower part of the left ear, in which he did not observe any remarkable change, until about his 17th year; that from that period until the present, he had noticed a constantly increasing enlargement, particularly rapid during his recent voyage, including the last three years; that he now experienced so much pain and inconvenience from it, that he had determined to submit to its removal, should an operation be deemed advisable.

On careful observation, the tumor was found to be hard, unyielding, and occupying parts of the parotid, auricular, mastoid, sterno-mastoid and carotid regions (of Blandin), pushing upward and outward the lobe of the ear, extending from the meatus auditorius downward nearly three inches, and from a point half an inch behind the facial artery, at its crossing of the jaw, three inches posteriorly; it projected so much as to induce him to wear his hair long, to conceal the deformity. The tumor was pyriform, apex downward, slightly mobile, covered by a skin highly vascular, and presented neither pulsation nor fluctuation. Dull, heavy pain was experienced in the tumor and neighboring parts, together with an occasional darting towards the shoulder, greatly increased by vigorous exertion, as rowing in a whale boat, accompanied by a permanent uneasiness in the entire left side of the head. The patient could account for the existence of the disease, only by his having been pinched behind the ear, when a boy, by his master, as a punishment.

An operation having been decided upon, as judicious and feasible, it was on Monday, July 1st, performed in presence of Drs. N. Ruggles,

Isaac Thompson and J. B. King. A crucial incision was made over the middle of the tumor, as large as possible, without wounding the external jugular and the nerve of the seventh pair. On raising the superior, anterior flap, this nerve, coming clearly into view, was carefully dissected from the tumor, although at the cost of great suffering to the patient. Dissecting down to the sterno-mastoid, I found the tumor extending inward and backward, whilst, on its superior face, I discovered that it rose above the lower edge of the jaw, and directed its course inward there also. The apex of the tumor, pointing downward, also had a tendency inward. Enlarging the incision, in a line parallel with the jugular, and an assistant drawing aside this vessel, I attempted to dissect from below, upward, and succeeded in freeing the tumor from its attachments beneath the sterno-mastoid, and partially within the lower jaw. I now found the disease intimately adherent to the parotid gland, and being unable to detect any line of separation, I cut away so much of the gland as seemed liable to be in any wise diseased, and this, too, without any very profuse hemorrhage. At this stage of the operation, I became satisfied, from the number of small arteries in the tumor, already secured by torsion, that large arteries, as yet uninjured, nourished the disease, and requesting Dr. Ruggles to compress the carotid, the pulsations of which were very strong in the bottom of the wound, I cautiously separated the tumor from its remaining attachments. A profuse hemorrhage immediately followed, which, however, was speedily controlled by pressure on the carotid, and the introduction of a sponge; three arteries, of considerable size, were secured by twisting with the artery forceps of Goulding. The carotid sheath was exposed, at the bottom of the wound, for at least two inches.

The wound was dressed with sutures and adhesive straps, and compression made by a simple roller, to bring the surfaces in contact. The patient, who had borne the operation with heroic firmness, declared himself very comfortable, and was placed in bed and ordered gruel and cold water in small quantities.

At evening, pulse 96, full and strong. Bandages considerably stained, but no serious hemorrhage. Strict confinement to the supine position, cool drinks and low diet.

July 2d, A. M.—Feels pretty well; some headache; pulse 96; bandages as last evening. R. Magnes. sulph.,  $\mathfrak{z}$  jss. Low diet. Wet bandages with alcohol.

Evening.—Pulse full and strong, 100. Salts have operated freely. Pain in head. Begins to feel uneasy everywhere. R. Venesection ad  $\mathfrak{z}$  xvi. Relieved; pain and uneasiness gone.

3d.—At morning visit pulse 76; no pain anywhere. Wishes to rise. Continue low diet and cold drinks.

At 10, A. M. removed the dressings. Found the wound healed, except from ear to the crucial line. No hemorrhage. Dressed with lint, smeared with lard. Continue alcohol.

In one week and six days the patient was discharged, and in four weeks was perfectly well, the superior part of the wound having, for a time, discharged a bloody serum, and finally healed.



When I last saw the man, in October or November, the face was perfect in every function, the muscles entirely under the control of the will, the parotid exhibited no indication of any lesion, the neck had resumed its fair proportions, apparently free from all disease, and the patient was exempt from all the pains, to which, for years, he had been subject.

The tumor, when drained of blood, weighed two and a half ounces, was pronounced by all the medical gentlemen present, fibro-cartilaginous, and presented, on its superior face, numerous tuberculated prominences; it did not lead us to suspect malignancy, but rather to conclude that it caused pain, by its pressure on neighboring nerves, and interference with muscular action.

The patient stated that he had shown the disease to surgeons, in various parts of the world, but had been advised to avoid an operation. Not coinciding with such reputed opinions, I thought it proper to operate as stated. To the gentlemen, whose assistance was as opportune as judicious, I would render my thanks, not omitting my gratitude to Him, without whose aid we can do nothing.

BENJ. H. WEST, M.D.

*Nantucket, Aug. 11th, 1845.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 20, 1845.

*Essay on Compound and Complicated Fractures.*—Messrs. Crocker & Brewster, of this city, have published Dr. Walker's Address before the Medical Society, making a text of 45 pages, followed by 56 pages of cases of compound and complicated fractures. Cases 1 to 23 are the foundation on which the discourse was founded. The publication is now before the medical community, and those who may wish more fully to understand the claims of the old surgeons, have the opportunity. Dr. Walker exhibits energy of character and power of discrimination in this essay, creditable to the professional reputation of New England. He neither underrates the skill of living operators, nor over-estimates the services of those who are dead. On the question of immediate or deferred amputation in cases of compound fracture, where it is decided the limb cannot be saved, Dr. W. unhesitatingly objects to the delay which has been recommended by some authors. A few extracts on this point are all that we can find room for this week.

“All the circumstances of a given case having been duly considered, and amputation deemed indispensable, this most important question presents itself:—shall such operation be performed immediately after the accident, or at some future time? Speaking on this subject, Mr. Bromfield, an eminent English surgeon of the last century, says: ‘As I would not mislead in the case of compound fractures, I therefore declare from experience, that when things are so circumstanced that the operation is unavoidable, the sooner it is done, the greater will be the chance of saving the person's life.’



“Again, Wiseman, a man of great ability in his profession, and who had seen much service, both in naval, army, and civil practice, says: ‘But it was counted a great shame to the surgeon, if that operation was left to be done the next day, when symptoms were upon the patient, and he spent with watchings, &c. Therefore you are to consider well the member, and if you have no probable hope of sanation, cut it off quickly, while the soldier is heated and in mettle. But if there be hopes of cure, proceed rationally to a right and methodical healing of such wounds.’”

“J. L. Petit speaks of the same advice being given him when a young man (1693), by a distinguished surgeon of his day, whom he consulted for a patient under his care.

“Ambrose Paré applies the same doctrine to the dilatation of gun-shot wounds: and Le Dran announces his judgment in the following words. ‘Whenever, in case of a gun-shot wound, the surgeon foresees the indispensable necessity of amputation, he should do it at once.’

“While such was the opinion of these distinguished men, the French Royal Academy of Surgery, in the year 1754, proposed the following question for a medal: ‘In what cases is it necessary to perform amputation immediately, and in what to defer it?’ The prize was awarded to M. Faure, a military surgeon, for an essay which maintained that amputation should only be performed after the subsidence of the first symptoms, and the establishment of suppuration.”

“Some time subsequently, John Hunter and O’Halloran, in England, embraced the same views.”

“When we remember that Hunter, in England, undoubtedly stood at the head of his profession, both in military and civil practice, that Faure enjoyed a high reputation from the great success which, he alleged, had crowned his efforts, that he was honored by the medal of the Academy, and still more by the approbation, countenance and friendship of the distinguished surgeons who constituted that learned body; when two such men, under such circumstances, unite in recommending one course of practice as safe and proper, and at the same time tell us, that whenever that course is deviated from, the most disastrous consequences ensue; we cannot be surprised that their doctrines should exercise great influence over the opinions and the practice of the civilized world. Such has been the case here; and I believe I may state, that the practice of deferring amputation, when made necessary by casualty, until after the subsidence of the first symptoms, was enjoined upon the military surgeons of Europe, and generally approved by distinguished men in the civil exercise of the art, from the days of Faure to the time when, in France, Baron Larrey, and in England, Dr. Hennen and Mr. Guthrie, established the fact upon the fullest evidence, that both Faure and Hunter were in error, and that where amputation is necessary in consequence of gun-shot wounds, and, I may add, of other casualties, such operation ought to be performed at once, or within twenty-four hours from the receipt of the injury; that when amputation is practised before the access of the consecutive symptoms, it may be done with but little comparative danger; that when it is done after the appearance of such symptoms, and before suppuration is fully established, fever allayed, and the system restored, as it were, from its influence, the danger is urgent, and the result usually disastrous; finally, that if delayed until after all these symptoms have given way, swelling subsided and suppuration

has been established, a better chance of recovery may exist; but still, this chance is much less than if the operation had been done immediately on the receipt of the injury."

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*Shampooing the Head.*—This is a new operation, which the barbers of Boston accomplish with peculiar adroitness and success. The mass of people, however, know nothing of the process, nor do they correctly understand the object in being shampooed; the art is, therefore, not properly estimated, nor the important advantages resulting from it appreciated.

A refined civilization has brought with it a train of physical evils, which it is the province of science to control or subdue. Our tight hats, warm rooms, closely fitting caps, silk night caps from which the perspirable matter cannot escape, by their combined agency, in connection with other influences not always easy to define, bring off the hair prematurely and turn it gray sooner than personal vanity is willing to exhibit such evidences of decay. And this is not all; the skin is actually in a low state of disease, the effects of which are recognized in the accumulation of dandriff—the desquamation of the epidermis. The bulbs of the hairs are inflamed, also, from the same cause, and from year to year the hair it degenerates and becomes thinner, not unfrequently ending in baldness. On all that part of the head which the hat does not cover, viz., the back side, between the ears, and on the temples, the hair generally remains to extreme old age, however much the vertex may be denuded. If females wore equally tight coverings, their hair would probably suffer very much in the same manner; but their light, airy bonnets admit of ventilation, and hence a bald-headed woman would be a phenomenon. Who ever saw a bald Indian? We have had an opportunity of seeing various tribes, in all the freedom of unrestrained savage life—but a sparse head of hair was never noticed. Atmospheric exposure conduces to the luxuriance of the hair and a healthful condition of the scalp. There is another cause of the falling off, or rather breaking off of the hair in combing and brushing, not the effect of disease at the root, but the destructive burrowing of a microscopic insect—a living, invisible moth, eating its way from one stalk to another, like the Hessian fly in a field of wheat.

Shampooing is a partial if not perfect remedy for two or three of the common misfortunes to which many are incident, of the character here enumerated. Besides, the very art, of itself, is refreshing, invigorating, and admirable in various respects, as in headache and neuralgic pains. We hope the custom of having the head shampooed will become as general as that of being shaved, for it equally is a part and parcel of cleanliness. Ladies would derive quite as much benefit from the turmoil the barbers raise in the hair with their odoriferous soaps and well-plied brushes, as the rougher specimens of humanity; and we hope to see those of them who exert an influence in society, giving the example of their own submission to the plastic hands of the new school of shampooers.

But before leaving the subject, it is essential that the barbers should be reminded that this operation might become a source of certain and largely increasing profit, by asking only a reasonable fee. A dollar is a frightful price, that would keep a whole city out of the best shop in Christendom. Why should they ask so much for doing a service not materially longer or more laborious than shaving? Only offer encouragement to the moving

masses in these crowded streets to enjoy a luxury, scarcely inferior to a bath, and really very important to the growth, firmness and healthful condition of the hair, and the whole craft would thrive beyond all former precedent.

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*Elementary Chemistry.*—This is an unpretending, but decidedly valuable treatise, on the elements of chemistry, theoretical and practical, by George Fownes, Lecturer on Chemistry at the School of Medicine in Middlesex Hospital, &c., with numerous illustrations—enlarged with notes by Robert Bridges, M.D., a professor in the Philadelphia College of Pharmacy. The work bears examination, and will be found, it is thought, capable of creating, or rather awakening, a new interest in the subject in those who give heed to its instructions. Chemistry lags sadly in most of the medical institutions of the country, and unless some positive effort is made to give it a higher position and a better rank, the practitioners of physic, a few years hence, will know even less than at present. It is useless for Dr. Webster, of Cambridge, or Dr. Draper, of New York, to prepare text-books, and exert themselves to elevate the science of chemistry, so long as there is so much indifference on the part of the faculties of medical institutions. Dr. Bridges has a perfect idea of what is needed, and the preparation of this excellent guide should have the countenance of all public instructors, and especially those of medical students.

The publishers are Messrs. Lea & Blanchard, Philadelphia, who never engage in any second-rate work. Copies may be found at Ticknor & Co.'s, Boston.

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*St. Louis Magnet.*—Whether the new periodical commenced at St. Louis, with the above name will powerfully attract gudgeons, remains to be ascertained. It is lamentable that any two men of ordinary capacity, like Messrs. McNair & Slafter, the editors, are willing to engage in such a cause as that of animal magnetism. But when they gravely discourse about the medical effects of that non-existing agent, and glorify the names of persons who would not bear a microscopic examination, much less a clairvoyant inspection by one of their own cheating subjects, it is necessary to watch their movements. For the first time we have ascertained the important fact that "Dr. Dodds's talents are so well known in the United States, that encomium from us [Messrs. McNair and Slafter] would be superfluous." Through this same Magnet, it is declared that the "*Columbian Magnetic College* is located, for the present, at No. 42 Billerica street, Boston." What an eligible place for a public institution! "It shall be the duty," it is stated, of the "Presidents and Professors"—Gilbert and Dodds being the first pair of presidents—"to grant diplomas to applicants, who, on examination, shall be found qualified, medically and physically, to become public lecturers on this science, and mesmeric physicians, so that the public may hereafter be guarded against imposition." Save us from such abominable hypocrisy as this, ye destinies! If the President Gilbert here referred to, is the Dr. Gilbert of our acquaintance, the sooner he gets out of such company the better it will be for his reputation. Low devices for pocketing money, based on the credulity of a portion of mankind, who pay largely for being genteelly duped, stick to one's reputation through life, with the tenacity of tar to a garment.



*Eighteen Cases of Intermittent Fever treated with Salacine in the Charity Hospital, New Orleans.*—The object of these observations is to ascertain the virtues of salacine, and to what extent it may be relied on as a substitute for quinine. In the vicissitudes of commerce and of governments it might happen that we should be cut off from the supply of this valuable medicine, which is entirely of foreign growth. It is, therefore, very desirable, if possible, to discover a substitute for it at home. By a communication which recently appeared in the Washington "*Union*," we are informed that the British Government are now endeavoring to acquire a monopoly of Peruvian bark. If they succeed, the price of quinine will probably be greatly increased. In view of this, we learn that the United States Army Medical Service has determined to make an extensive trial of salacine, the active principle of the willow bark. We have thought that the fine opportunities presented by this large Hospital should not be neglected in this investigation. Dr. Fenner has now tried the salacine in eighteen cases, but deems the number quite too small to justify a report. So far it appears greatly inferior to quinine. Its virtues are somewhat enhanced by combination with piperine. As the article has been very little used within the last few years, the quality may not be first rate. It is now dearer than quinine, on account of the larger doses required, but if it be found to answer as well in *any dose*, it can be made cheap, as the supply of willow bark in our country is inexhaustible. A report will be made at a future time.—*New Orleans Medical Journal*.

*The Office of Coroner.*—Does it not seem strange, that the custom so generally prevails throughout the country, of appointing gentlemen to the office of coroner, who, although otherwise qualified, are not medical men? It seems to us, that, could the public duly appreciate the functions of the coroner, and how often the life of the criminal depends upon the investigations of that officer, as well as the due administration of justice, none other than the most thoroughly-educated and practical medical man would ever be selected to attend to its duties. On the contrary, we see the most interesting, intricate, and important questions, often involving character and life, wholly dependent upon the examinations, exertions and decision of men totally ignorant of everything connected with those questions. This great public evil has, for years, existed in our city, and calls loudly for the profession to awaken the public mind to a proper consideration of the subject.—*Missouri Med. Journal*.

*Starving to Death.*—Mr. Headland detailed to the Medical Society of London, the particulars of a case in which a gentleman, 26 years of age, usually in good health, having complained of a "feverish cold," which, however, did not prevent him from following his usual employment, that of a solicitor, was advised to refrain from all kinds of support and live merely upon water. He acted on this advice, and for eleven days tasted no kind of food, with the exception of a teaspoonful of beef-tea on the tenth day. He sunk on the twelfth day, having for a few days before been affected with discharge of blood from the bowels. The day previous to death, Dr. Roots and Mr. Headland were called to see him, and found him emaciated in the last degree. There was no symptom whatever of fever; pulse 80; tongue clean. It was attempted to introduce nourishment very carefully, but the attempt failed, and the patient sunk.



He had complained during the last few days of extreme hunger and weakness. On examination after death, the only fat was found in the anterior mediastinum. The linea transversalis of the recti abdominis could be seen through the skin. The brain was remarkably hard, and gorged with blood; the upper lobes of the lungs contained quiescent tubercles; the intestines were shrivelled, and in part ulcerated; the gall-bladder distended, and the parts surrounding it tinged with its contents; the muscles were of a bright-red color. The case was considered important by the author, as illustrative of the morbid effects of starvation, for such he considered it to be. He attributed the *post-mortem* appearances to this cause. He referred to the contradictory statements of authors respecting the brain in cases of starvation; for whilst some had recorded this organ to be gorged, others had described it as full. The gall-bladder had been invariably found distended.—*London Lancet*.

*Dysentery*.—We have had within the last two weeks several cases of this disease. In the first case, there were constant characteristic discharges from the bowels, with considerable tenesmus. The attending fever was what is generally termed typhoid. Indeed the disease appeared to be typhoid fever (*dothien enterite*), with the addition of inflammation of the mucous membrane of the colon and rectum. Dr. Pope has recently examined *post-mortem* some quite similar cases, and reports disease of the glands of Peyer. One patient died under the ordinary anti-dysenteric treatment; that is, a few grains of calomel and Dover's powder, given according to the number of the dejections; astringents; blisters to the abdomen, and gum water. A *post-mortem* was not obtained, which is to be regretted.

In two similar cases a different course has been pursued. The abdomen has been blistered and gum water given, but not the calomel, opiates and astringents, except so far as the following preparation is opiate and astringent: R. Sulphat. quinia, gr. x.; acid. sulph. fort. dr. i.; tinct. opii, dr. jss.; aquæ puræ, oz.,—M., a teaspoonful in a wineglass full or more of water as often as the bowels act.

This has been the only medicine given, and the patients on this morning, June 17, after having taken it during four days, are evidently convalescent.—*St. Louis Medical Journal*.

**MARRIED**.—In this city, by Rev. Dr. Lowell, Francis A. Willard, M.D., to Miss Susan L. Delano, both of Boston.

**DIED**.—At Chelmsford, night of 9th inst., in a fit of apoplexy, Dr. Paul Kirtledge. He had been in Lowell between 9 and 10 o'clock, and at 11 was a corpse.—In Kensington, N. H., 10 inst., Dr. Joseph Otis Osgood, a graduate of Harvard University, in the class of 1804, aged 63.—At Sunbury, Delaware Co., Ohio, August 1st, Edward Rowland, M.D., a native of Windsor, Ct.; he graduated at Amherst College, pursued his professional studies at New Haven, was afterwards employed as assistant physician in the McLean Asylum at Charlestown, Mass., and subsequently practised medicine at East Hartford, Ct., whence he removed to Ohio in 1840.

Number of deaths in Boston, for the week ending Aug. 16, 62.—Males, 37; Females, 25. Stillborn, 3. Of consumption, 9—disease of the bowels, 13—cholera morbus, 3—Inflammation of the bowels, 2—typhus fever, 3—Inflammation of the lungs, 1—dropsy on the brain, 2—infantile, 6—dysentery, 1—disease of the liver, 1—cholera infantum, 8—teething, 2—abscess, 1—diarrhea, 1—dropsy, 1—lung fever, 1—mortification, 1—croup, 1—marasmus, 1—smallpox, 1—old age, 1—apoplexy, 1—accidental, 1.

Under 5 years, 33—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 2.

*Case of Extensive Inflammation of the synovial membrane of the Knee-joint terminating in suppuration, without inducing ulceration of either the hard or soft textures of the Joint.* By SAMUEL TYLER, M.D.—I was called on the 29th of October, 1844, to visit a patient 15 years of age, laboring, as it was then supposed, under a scrofulous affection of the knee-joint. Upon inquiry into the history of the case, I learned that some six months previous the patient had given the limb a severe twist, whilst running over rutty, uneven ground. Finding the joint excessively swollen, the leg so contracted as to render it almost impossible to place the foot upon the ground by force, I proceeded to treat the case in the following manner. Commencing with the application of a blister which surrounded the joint, which was afterwards kept discharging by the use of warm poultices, I gave on each alternate day the favorite purgative of Dr. Physick, jalap and cream of tartar, in doses sufficient to procure free evacuations.

Under this treatment the general system improved somewhat, but the joint continued to swell, when on the 16th of November I made a free incision upon the inner side of the joint, evacuating at least one quart of pus. A continual discharge was kept up from this opening until the 29th of December, when I made use of "Chase's apparatus" to overcome the contraction of the limb, which was perfectly effected in less than three weeks' time, leaving the patient with a limb perfectly straight, and entire mobility of the joint.

I consider the great peculiarity of this case to consist in the fact, that where there should be so excessive and long continued inflammation of the synovial membrane, it should terminate without inducing ulceration of either of the soft or hard textures of the joint.—*American Journal of Med. Science.*

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*Phthisis, Influence of Employment on.*—From an elaborate and valuable paper by Dr. Guy on the influence of employment in the production of phthisis, the most important conclusions to be drawn are: that the ratio of cases of pulmonary phthisis to those of all other diseases is highest, both in the male and female sex, among those following in-door employments, and in the case of men, varies inversely with the amount of exertion, being highest where there is least exertion. Neither a constrained posture, nor exposure to a high temperature, nor a moist atmosphere, appears to have any marked influence in inducing consumption. The ratio of pulmonary phthisis to all other diseases is highest among men exposed to the inhalation of dust, and high among the intemperate. The age at which the disease occurs is early in proportion as the occupation is such as to present a high ratio of cases. The practical inference deducible from these observations is, that the predisposed to phthisis should choose out-door occupations, and among in-door employments, those entailing most exercise, and that they of all others should avoid intemperance and the inhalation of dust. Dr. Jackson (New England Quarterly Journal of Medicine and Surgery, July, 1842), however, in his analysis of 604 dissections of persons dying of all diseases, in the course of ten years, in Boston (U.S.), says that intemperance certainly does not appear to develop phthisis, and that of 35 drunkards, 26 presented no trace of tubercle.—J. R. BENNETT, in *British and For. Med. Review*.

THE

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No. 4.

DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 57.]

THE remaining species of apparatus for fractured thigh, of which we have still to give the history, are both characterized by an attempt to encase the limb in a firm and unyielding covering, which shall maintain its influence unaltered by those circumstances which usually affect and impair other arrangements of bandages and splints.

The first of these is the "immovable apparatus," a name which brings a blush to the cheek of every man of true professional pride when he looks back to its history, and remembers the unphilosophical rage for its use so lately prevalent, and sees its present undeserved neglect. Nine years have elapsed since Seutin fully and methodically developed his plan. After that came about four years of wonderful cures; then for three years the journals teemed with cases of sphacelation—whole limbs dropping off from the use of the immovable apparatus. For the last two years it has scarcely been mentioned, and the surgeon of one of our large Southern hospitals lately told me that they rather prided themselves that tenotomy had never been performed or Seutin's apparatus applied in the institution to which he was attached.

By mere accident, whilst looking through an old volume entitled Medical and Surgical Observations, published in London in 1792, we came across a case related by Mr. Henry Yates Carter, in which he smeared an eighteen-tailed bandage with the white of an egg in treating a compound fracture of the leg. This seems to be the first immovable apparatus on record; but here it dropped until Larrey next took up the idea, which Seutin improved upon, until in 1836 the latter arrived at "*the immovable apparatus.*"

Between the methods of Larrey and Seutin the differences are not great, and may be easily characterized. Larrey used a mixture of camphorated spirit, saturnine lotion and the white of an egg, for his "liquid agglutinative." Seutin uses starch, for which some of the more nice substitute dextrine. Larrey used the agglutinative liquid rather as an adjunct to a system of splints and bandages; whilst with Seutin's dressing, as with Beau Brummel's cravat, "starch is the man." Larrey used straw for splints and junk bags; Seutin pasteboard, and linen compresses. Both have the same object—to encase the limb in a stiff unyielding cover, but they differ in their estimate of the propriety and influence of this. Larrey praises the economy of time and material in



this dressing, and the *peculiar* facility it offers for transporting the patient ; advantages much esteemed by an old "*militaire*." Where an external wound exists, so far from its being a contra-indication to its use, it rather recommends it, "for the effused pus will solidify the bandage"! "It soaks into the dressings, and when hard exerts a favorable pressure upon the wound, stopping the secretion, and also arresting the irritation caused by the swelling of the periosteum." But we must say we do not understand these views.

Seutin is much more discriminating, and in the Dublin Journal of Medical Science for November, 1842, will be found a very interesting account of his remarks during a visit to Stevens's Hospital of that city. He complains of being much misunderstood as to his estimate of the efficacy of the immovable apparatus—and that there is generally a great want of care in applying it—omitting the use of compresses and other protections against chafing, as fully necessary with it as with other bandages and splints. He thus advises how to apply it. "First apply a calico roller, moderately firm but without starch. After it is applied smear its outer surface with starch, and place pledgets of lint where pressure is to be avoided. If necessary, splints are to be arranged before another layer is put on, and this being done, they are to be surrounded with two or three other layers thoroughly starched. If a suppurating wound exists, it must be kept uncovered. Compression ought to stop at a gentle methodical pressure sufficient to moderate the afflux of blood, but not to stop it, as has been supposed by many, who thought in this way to prevent inflammation. Care should be taken not to starch the folds over joints or bony prominences, for fear of excoriation." Pasteboard, a line and a half in thickness, is the material preferred by Sentin for splints. After the affair is perfectly dry, it is to be slit down its whole length in front, and it can then be opened and the limb inspected, while its own elasticity or a few tapes will keep it closed. Seutin invented a particular kind of stiff-bladed shears for slitting these bandages, but we have used with all convenience a grooved director, upon which we cut with a common large-bladed penknife—preferring that blade called the "Wharreliffe," which has a thick, strong back ; and the old-fashioned director, which has a handle at right angles to the groove.

We have thus given a sufficient insight into the nature and properties of the "immovable apparatus," as before, avoiding all unnecessary detail, and at the same time not omitting whatever would elucidate the principles involved.

The other apparatus having the same end as the last—the encasing of the limb in a firm and unyielding covering—is the plaster splint. This idea of using some quickly concretible substance originated among the Arabs of North Africa, and was first transmitted (we believe) to Europe by the English Consul at Bassora. It was soon adopted by several European surgeons, amongst whom Dieffenbach may be named. Many experiments have been made to find the substance most proper, and generally plaster of Paris has been adopted. This is mixed with water to



the consistence of cream and *paid* over the limb—first thinly, and then adding to the thickness sufficiently to ensure strength, but not enough to unduly increase the weight of the covering. The precautions to be observed in its application are—when there are external wounds they are to be left uncovered; extension must be made very carefully during the application and until the plaster has *set*; it must only be applied when the swelling has subsided; and lastly, the finest plaster should be used, as that is the lightest and strongest.

In conclusion, we have but to add a notice of a suggestion lately made, not involving principles but merely material. Mr. Shee advises making tablets, by evenly spreading a hot mixture of whiting and glue to the thickness of from an eighth to three sixteenths of an inch upon linen cloth, and covering it with another cloth. This when cold is hard, but may be softened by passing a wet sponge over it, and in that condition it is to be applied to the limb. We have tried this carefully, and find that it does not adapt itself readily, and is weak and heavy compared with its bulk.

#### THE TREATMENT OF FRACTURES OF THE THIGH.

*Preliminary Treatment.*—We will assume that an injury has been received. If we are on the spot we may be called upon to superintend the removal of the patient to a house. This requires some care and attention.

For transporting patients there have been many machines devised, and if one were kept at each corner of the street we would probably send for it. As it is, we should have to look around for what would answer best of things at hand. Of these there are many from which our choice would be much affected by the individual article—sofas, couches, small bedsteads, hand barrows, doors, window shutters and large arm chairs. If the body of the femur is broken, the patient must be extended; if the neck, a large arm chair *with a deep seat* will serve us. Whatever he is placed upon should be well protected (if not already so) by mattresses, and the limb itself carefully supported by pillows, or old garments, or by straw, grass or leaves, if the accident has happened in the fields. If a chair is used, lash to the seat two poles passing under it, which will enable two persons to carry it with great convenience and steadiness, whilst a third walks by the chair to assist and comfort the patient. In the mean time let him alone as regards his clothing. Do not strip him to pry unnecessarily into the nature of the injury, for nothing can be done to benefit him until he is under more favorable circumstances.

Suppose him now within doors. We want as large, comfortable and cheerful a room as we can obtain for him. There is none below. How can we get him up stairs? He would slip off of the door or couch at the inclination they would have to be carried at, and they might not be able to pass the turns in the staircase. In this case let a person stand each side of the patient, facing him. The one on his right side puts his right arm around the patient's chest; the one on his left side his left arm, whilst the patient places his hands upon the outer shoulders of his sup-

porters, who thus each have one arm unoccupied with which they can hold the rail or otherwise assist themselves. Another assistant supports the pelvis (*not the thigh*), and a fourth takes charge of the lower limbs. Thus the weight of the patient is well divided; he is not in a constrained position or liable to jolts or jars.

If the staircase is narrow and assistants have not room each side of the patient, either place him directly upon the back of a very strong man who must creep up on "all fours," keeping his back very straight whilst another supports the lower limbs and steadies the patient, or he must clasp one around the neck, whilst a second supports the hip and a third the legs. It may be called an absurd supererogation that we should thus particularize, but we have seen as much pain caused and as much injury done to the patient in his progress from the front door to the chamber, as by the original accident.

In the mean time, whilst others are slowly removing him, we must prepare for his coming, so that no unnecessary delay may take place when he has arrived. Preparations should be made for obtaining a proper temperature in the room. The bedstead upon which he is to be placed should be tolerably wide. Not so wide as to prevent reaching to the middle from either side when we wish to attend to the dressings—nor so narrow as to prevent the patient changing the position of the other limb or putting it into a cool place. No one who has had the sad experience of being confined upon his back during the month of August would value lightly the last privilege.

He should lie upon a mattress—the newer and freer from hard spots and depressions, the better. Upon this a sheet is to be laid, over which a warming pan or bottle or pan of hot water must be frequently passed before putting the patient upon it. Make up the bed then as usual, with the necessary amount of clothing, and having done so, begin at the side upon which the patient is to lie (he must lie with the injured limb nearest the edge of the bed), and roll up evenly and in a long roll from the head to the foot of the bed all the clothing except the under sheet, leaving it thus rolled up at the distant side of the bed, so that when the patient is properly adjusted it can readily be unrolled again and brought over him.

We feel it here necessary to again apologize for our particularity, but we have seen a patient scarce recovered from the collapse into which the injury had thrown him, placed upon a cold bed, in a chilly room, and then fanned by the flirting of a large sheet "*a la chambermaid*," and of two blankets and a coverlet, each in turn sending a fresh chill through his already shivering limbs, whilst a surgeon stood by to whose *surgical* erudition and skill it would be but our duty to bow most submissively, but who had forgotten the first aphorism of Hippocrates and his charge about "*tà éxōthen*."

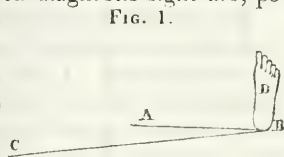
Lastly, whilst putting the patient to bed, that is between the chamber door and the bedstead, his clothing should be taken off. He could not spare it sooner, and we do not wish it to soil the bed. About this we shall only say that undressing in fractures of the thigh, if care is taken,

may be done without pain to the patient and without ripping or tearing a single article of dress; even the boots of the injured limb may be drawn off if an assistant will first grasp the leg firmly just below the knee.

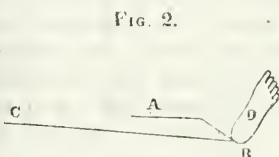
### Mechanical Treatment.

*Fractures of the Upper Extremity of the Femur.*—If the body of the femur is broken our diagnosis is easily made, but if the injury has been received at either end we may have some doubts as to its precise nature. We do not feel called upon to enter into a disquisition upon diagnosis, but as the means sometimes used to obtain information may affect our mode of treatment and the result to the patient, we wish to say a few words upon this point. The injuries with which intercapsular fractures of the neck of the femur may be confounded, are severe contusions, dislocations and fractures of the edge of the cotyloid cavity. Besides several others, *the most marked* diagnostic signs are, position of the limb, shortening, crepitus, and those furnished by rotation. It is now well established that the toe may be turned in.

This Paré first mentions, and Sabatier tries to explain away his meaning, but Petit (J. L.) also mentions it; and to remove all doubt, in forty-two cases of this injury reported by Robert Wm. Smith in the Dublin Journal for Sept., 1840, it existed in two. Nor does it seem unreasonable. Let the line A B (fig. 1) represent the neck of the femur as we look down upon it perpendicularly from above. A the head, B the trochanter, C B the direction of the traction of the glutei and other *evertors* of the toes, D the foot. If A B is broken, B will be approximated to C by the traction of the

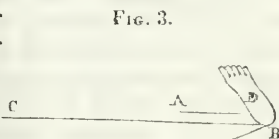


muscles as in fig. 2, but the same violence that produces the fracture may throw the broken end *behind* the line of traction, and then the approximation of B to C will invert the toe as in fig. 3.



The shortening sometimes does not exist, and when it does it may be the symptom of an injury comparatively little known—fracture of the edge of the cotyloid cavity. Crepitus is generally present, though Boyer says he never could produce it; but it will also exist with the last-mentioned injury. Our most unequivocal sign is that furnished by placing one hand on the trochanter and rotating the limb. If the whole length of the neck is still the radius upon which the trochanter revolves, it will of course pass through the arc of a larger circle than if it is broken and but a part of it forms that radius. But even this requires tact, for in fracture of the cotyloid cavity the trochanter is not prominent, and may *appear* not to revolve through so large a circle as it ought.

But, as we have just said, it is not our province to enter into the question of diagnosis, we only wish to insist upon the point that the surgeon





is not to extend and let go the limb—to raise it and lower it, or rotate it, except very gently, for these motions would give no wholly unequivocal sign, but might do such mischief as would greatly lessen our chance of making a good cure—and for the following reasons :—

If but few of the fibres of the capsular ligament are torn, the remaining part of the neck and of course the limb is held in its place against the action of the powerful muscles drawing it up. But if the violence has already ruptured the whole ligament, or if after its having ruptured part we subject the limb to such motion as will rupture the remaining fibres, we do an irreparable mischief, giving our patient a limb three or four inches shorter than the other, instead of only an inch or an inch and a half.

Having ascertained that it is an intercapsular fracture of the neck of the femur, what treatment should we adopt? First let us see what we can reasonably expect to accomplish.

The question which has engaged in controversy the greatest of our profession, as to whether a bony union ever takes place, has been decided in the affirmative. It has been proved beyond question that a very small proportion of cases (a proportion which as yet, from the small number of cases recorded, cannot be accurately determined) thus unite. Shall we then attempt to produce a cure, or only assist nature in palliating the condition of the patient, for each aim will require a different treatment? In the former case our measures will be much more rigid and irksome than in the latter, and considering the age of the patients generally subject to this lesion, how much we should subject them to becomes a question of importance. We will answer these questions dogmatically thus.

If the patient is old—over 60—it is true you may produce a bony union,\* but the chance is so small that it is unjustifiable to resort to the means necessary to effect it. If he is over 45 but under 60, you must carefully exercise your judgment as to his general health and powers of endurance. If he is younger than 45, and no confirmed diathesis† forbids, try by all means to obtain a bony union.

Where bony union is not attempted, the treatment advised by Sir Astley Cooper is decidedly the best. One pillow is placed under the whole length of the limb, and another, sufficient to flex the knee to an agreeable degree, is put under that joint crosswise. When all inflammatory symptoms have subsided, let the patient be transferred during the day time to a lounge chair—one with the back at a great inclination, in order not to flex the thigh too much upon the pelvis. When all tenderness is gone, let the patient have crutches and take as much exercise as is comfortable. At the end of about two months a cane can be substituted for crutches. Where the limb is much shortened, the shoe worn upon the foot of that side must have a thicker sole than the other.

If we decide to make an effort for bony union, Desault's splint as modified by Dr. Flagg is to be used, with the addition of a bandage

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\* One case is given in which the patient was 69 years old.

† Cancerous, for instance.



around the thigh and pelvis over (not above) the trochanter. This bandage should be made of one thickness of strong linen, three inches wide and lacing with eyelet holes in front. A duplicate should be provided to replace it whilst being washed, when soiled by the excrements.

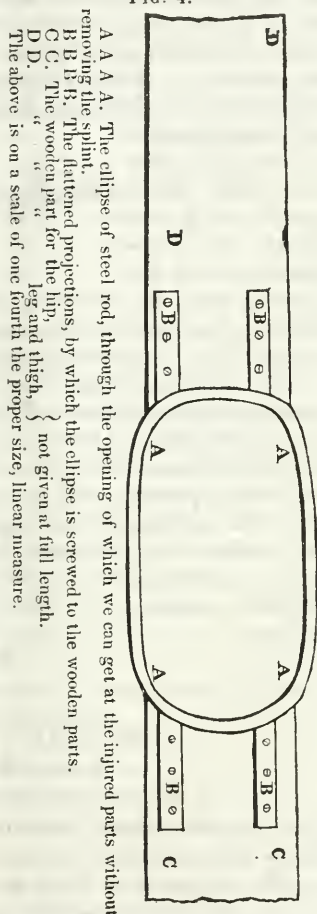
We prefer the straight extension to that of the inclined plane of Sir Astley Cooper, because it is in more direct antagonism to the force we contend with. It is true that the inclined plane somewhat relaxes the psoas, iliacus internus, and the muscles on the anterior face of the thigh, but it leaves the gltei, gemelli and obturators unprovided for, and these it must be recollected are very strong, and, when the limb is flexed, act to great advantage—fully enough so to counteract the partial weight of the hips which would then be the only counter-

extending force. As, however, the extended position is very irksome, as soon as we can safely do it—say in twenty days—we would replace the splints first used, by those of Dr. Rowe or some after that type (selecting, as common sense would dictate, the simplest and lightest), but still keep the patient in bed and suspend the limb. At the end of six weeks, passive motion must be given to the joint, and in two more the patient may sit up in a chair with the limb still suspended, or may walk with crutches, letting the limb hang, but not bearing upon it. In ten weeks, exercise may be very carefully and gradually commenced. The periods we mention may seem long, but the low condition of vitality of the part requires a greater length of time for reparation, and in this particular accident we would rather err on the side of confining our patient too long, than subject him to any risk of repeating the injury and making its consequences irremediable.

In extra-capsular fractures of the neck, we must in all cases attempt to obtain bony union; and with this view, as the conditions affecting our choice of splints are the same as in the last, our treatment would be the same, shortening the periods mentioned one fifth.

In fractures of the neck complicated with fracture of the trochanter, or with the impaction of the superior fragment, we have a very much graver injury than in the two last. Violence causing either of these

FIG. 4.



conditions would of course produce great local trouble, and for this we must provide in our treatment.

We would still adhere to Desault's modified splint, with this additional modification. During the first four days, whilst for evident reasons it would be unadvisable to apply any splint, let a blacksmith make out of a 1-4 inch steel rod an ellipse 7 inches long and 4 broad, having two two projections at each end about 4 inches long and  $2\frac{1}{2}$  apart (fig. 4). These projections must be flattened and perforated with holes to receive the screws that are to fasten the ellipse to the wooden part of the splint. The object of this ellipse is to occupy the place of that part of the wooden splint which would lie against the trochanter and neighboring injured soft parts. To the upper and lower end of it are to be attached by the projections, enough wood of the usual thickness and width to eke out the proper length of the splint. We can thus, without removing the splint, get readily to the injured part what leeches, fomentations, &c., may be necessary. As a precaution against the metal bearing in the slightest against the soft parts, the ellipse may be curved upon itself in the direction

FIG. 5.



Same reference as in the last figure.

of its length, whilst the wooden splints where they join it must be well protected by compresses. As in the previous cases, as soon as is admissible (a period for which, in an injury like this, there can be no general rule), this extension apparatus must be replaced by a demi-flexed suspended splint.

The diagnosis of fractures of the trochanter is difficult, and they are equally difficult to treat. The fragment we have to act upon is very small, and imbedded in a mass of muscle further increased by tumefaction. No definite rules are given by writers for treatment of this injury, and our own experience tells us nothing. The evident course is to bring down the trochanter, drawn upwards and backwards, as far as possible, and confine it by a proper distribution of compresses and rollers. No case is recorded where a perfect cure was effected, though the efficiency of limbs subjected to this injury does not seem to have been greatly lessened.

[To be continued.]

## MERCURY AS A REMEDIAL AGENT.

By Daniel Holt, M.D., New Haven, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THE remarks which were made in regard to arsenic, in a late No. of this Journal, will to some extent apply to mercury, and are perhaps equally important, as this is an article in almost universal use by the profession, and at the same time is one which is liable to abuse, and against which there has ever existed a prejudice both in and out of the profession. Every powerful agent, capable of doing much good when properly

used, is equally liable to do immense injury when inordinately administered, or in cases to which it is not appropriate. Still this is not a sufficient reason for its condemnation ; but should rather excite the conscientious and enlightened physician, better to discriminate in its application to disease. The various preparations of mercury are so different in their effects upon the system, that they might in general be considered as entirely different articles, each appropriate to certain morbid conditions of the system : but there is one prominent and important effect, and the one for which mercury is most valued, which may be obtained from several of them, although calomel and the mass hydrag. have been more commonly employed for this purpose. This is its alterative, deobstruent, or peculiar *specific effect*, and by virtue of which, a great variety of diseases, both acute and chronic, speedily yield to its influence. Now this effect, so desirable, so efficient for the removal of disease, and so harmless when we can *just hit the mark*, as it were, will be acknowledged by every one to be often difficult to obtain at all, and will be sometimes accompanied with unpleasant, alarming, and even fatal effects. Wood and Bache, in the United States Dispensatory, say, "it is given far too empirically." We say so too, or rather it is given far too indiscriminately, without the particular conditions of the system, and the peculiarities of the disease, being sufficiently taken into the account. It is a convenient remedy, and easy of administration, and there are few diseases in which it is not recommended, or to which it may not be appropriate in some stage ; and hence, perhaps, from too little discrimination in its use, it has become too common in the ordinary routine of practice.

There are many morbid conditions which have long been acknowledged by the profession as resulting from a too free use of this article, or from its use in diseases or conditions of the system in which it is not appropriate—effects which are very unfortunate for the reputation of the remedy, and which it is certainly desirable to avoid. Among these unhappy results, may be mentioned mercurial erythema, rheumatism, ulcerations in various parts, and gangrene, especially about the face and mouth, several cases of which have recently been reported in this Journal, and pretty well substantiated as the effects of this article. It is an important inquiry whether these effects are owing to the use of an impure preparation, or whether the remedy is given in inordinate quantities, or in a condition of the system not appropriate. The former may sometimes be the case, though I apprehend not ordinarily. I think it is sometimes owing to the administration of an excessive quantity ; but more commonly to its use in a condition of the system where it is not beneficial, where perhaps the system is more susceptible to its injurious effects, even than in health ; and not being appropriate to the diseased condition, it becomes a poison to the sensible organs. There is another effect more common, and which should be viewed differently from the above ; I refer to ultimate salivation. This effect is not properly an unnatural action of the remedy, but one which is often carried to such an extent as to be very inconvenient and often injurious ; it is an advanced stage of its specific effect, and holds, I think, something like the same



relation to it, that ultimate narcosis does to the anodyne effect of opium, or other narcotics ; and although it often banishes a disease from the system at once, its own effects are as much to be dreaded. Like a too powerful combatant, it not only vanquishes its foe, but destroys also his habitation. The peculiar and specific action of the remedy is generally believed to be sufficient to affect the disease in appropriate cases, without ultimate salivation, and perhaps all the good might be experienced were we to stop just at the point where the symptoms of the mercurial influence begin to be manifested. When a severe salivation has resulted from an ordinary cathartic, or a few small doses of mercury, as is often the case, we are apt to conclude there is too great susceptibility, that it is not the appropriate remedy, and should not have been used. This may sometimes be the case ; still oftener, probably, these are the cases which are peculiarly susceptible to its action, and the medicine has been carried too far, or administered too freely. We are certainly deficient, in not having better defined land-marks, to guide us in our therapeutic application of so important an agent, so as to enable us to obtain the happiest results, and at the same time avoid unpleasant consequences.

It is well known that calomel is recommended both for its cathartic and alterative effects, in a great variety of diseases, both acute and chronic, and in unlike conditions of the system ; especially is this the case in diseases of an atonic character, and in inflammatory affections. It is an almost universal remedy in the cure of inflammation ; yet it may be given in small doses, or even large, and retained in the system, and thus continued for a long time, in acute diseases of a purely entonic character, without reducing that entony, or producing any symptoms of salivation. Indeed it is very doubtful whether its specific effect can be produced in this condition ; and were we to depend entirely on this article in such cases, we should be disappointed in it. But if by other means the high excitement is reduced to a certain point, we shall get the specific effect of the mercury, and sometimes just at a time that might lead us to suppose that the mercurial symptoms were the cause of the reduced action, but really in consequence of it. It is also difficult to obtain its specific effects in diseases of pure atony or debility ; and hence in such cases it is not an appropriate remedy. Indeed in diseases either decidedly entonic or atonic, where there is little disturbance of the glandular system, and consequently of the secretions, mercury has more reputation than it deserves ; here, in some constitutions, it is liable to produce some of its unnatural effects. It is in another grade of action that it is peculiarly appropriate—a grade of action between that of entony and atony ; it is that state of the system which ordinarily attends the bilious type of febrile and inflammatory diseases, with a general derangement of the secernent and absorbent system, with morbid secretions from the mucous surfaces and chilopoietic viscera, with a yellow tinge on the surface, and with a pulse which does not feel as though the blood were all fibrine, as the French pathologists would say. This is the grade of action and condition of the system, in acute disease, likely to be susceptible to the speedy specific effects of mercury, and where it is most appro-

priate. It is thus an admirable expectorant in pneumonia, a speedy febrifuge in bilious remittent or continued fever, a good alterative in visceral derangements; it arrests the morbid and vitiated secretions in diarrhœa, dysentery, cholera, &c.; in short, when strictly appropriate, it answers a variety of indications, by changing the action of the system, and restoring the natural functions, without any other sensible effect than a cessation of the morbid and restoration of the healthy functions; and when so administered, it is one of the most valuable articles in the *materia medica*.

In chronic diseases which are cured by its alterative effects, the same rule, to a certain extent, will apply, and the same susceptibility to its action is sometimes witnessed. We have seen a most distressing case of salivation follow the use of two blue pills, and frequently from an ordinary mercurial cathartic. In these cases we should use great caution. It is unquestionably the case that much prejudice has arisen from a wholesale and injudicious use of this article, and we are still not well instructed as to its application in every case. We have much yet to learn, respecting the application of our most efficient remedial agents, to meet the different and varying morbid conditions in disease, and to cure in the most effectual manner.

If it is true that injurious and fatal effects, as asserted, have resulted from the too free and indiscriminate use of this article, it certainly is a great misfortune; it will of course be seized upon by quacks, who denounce everything, the worth of which they cannot appreciate. It belongs to the members of a liberal and enlightened profession either to point out a more effectual and safe mode of application of powerful agents, or to bring science to our aid in preparing and substituting those agents which will be as effectual to cure without the attending evils.

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#### ADHESION OF THE EYELID—OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

NATHANIEL MAYO, a healthy, robust farmer, aged about 40, was at work boiling down the lye of common wood ashes to a substance called "black salts" (which, when subjected to a great degree of heat, and melted, on cooling becomes common potash). The salts became encrusted on the kettle in which he was boiling it, and which were very hot. With a kind of chisel he was removing them from the kettle, when a piece of the hot salts was forcibly driven into his right eye. It caused excruciating pain. He ran instantly to a brook and washed his eye for some time. It felt better, when he tied a handkerchief around it, and went to work. About a week after, on examining it, the lower lid was found adhering through its whole extent to the globe of the eye. After suffering the pain and inconvenience for about a year, he sought relief, and I performed the operation in the following manner. He was placed in a good light, his head resting firmly on the back of a high chair. An assistant standing behind him, placed a finger in each corner of the eye, and

kept it still. With a sharp-pointed scalpel the lid was divided from the globe, the assistant separating them as divided. The edge of the knife was kept towards the lid, which was dissected clean until it was wholly separated from the globe. There was then on the globe a loose, cellular, fleshy substance, which was removed by taking hold of it with a pair of small forceps and cutting it off with the knife, until all that could be raised with the forceps was removed—leaving a part of the globe still covered by a red fleshy substance, which was very vascular, bleeding quite freely. The scalpel was then *drawn across its edge*, touching the fleshy substance lightly, and this was repeated until the whole was *scraped off*, leaving the globe of the eye perfectly natural in its appearance.

In the case of adhesion of the lid to the globe of the eye, I have seen the operation performed by simply dividing the lid from the globe—but it wholly failed, the divided parts again uniting. I was therefore very careful to *remove or destroy* all the former bond of union. I then, with a blunt probe, passed a piece of very fine linen, dipped in a weak solution of sac. sat., between the divided globe and eyelid, bound up the eye so as to prevent any motion of it, and directed an antiphlogistic course. The linen was kept in the eye one day, and in about ten days the cure was complete, without any further trouble.

E. S. PHELPS.

Middleton, Mass., August, 1845.

#### NEW INSTRUMENT FOR CONGENITAL FISSURE OF THE SOFT PALATE.

By C. H. Stearns, Esq., Surgeon.

A NEAR relation of the writer of this communication had twice undergone the operation of staphyloraphy, and had also submitted himself several times to the hands of dentists, who professed to be able to close up the fissure by the adaptation of mechanical contrivances. These measures not being attended with the slightest benefit, the writer was induced himself to attempt something for his relief; and at length conceived the plan of an instrument, which, from its proposed shape, position, and mobility, seemed likely to perform, to some extent at least, the functions of the natural *velum palati*, or soft palate. After a length of time, a piece of mechanism was produced, the application of which has been attended with satisfactory results. As it is probable that something of the kind may prove equally useful in other cases, a brief description of the affair is here offered.

A gold plate is first fitted to the roof of the mouth, in the manner practised by dentists, which is to serve as the foundation or support of the mechanism intended to supply the want of the natural soft palate. To the upper and posterior margin of this plate, a flat spiral spring is attached, which, with the delicate and permanent elasticity peculiar to that kind of spring, admits of easy and constant vibrations backwards and forwards. To the other and posterior extremity of this spring, an artificial *flexible* velum is attached. This part of the instrument is constructed of Mr. Goodyear's preparation of caoutchouc, which, having the



property to resist the action of both oils and acids, and at the same time sustaining a high degree of heat, has proved well adapted to the purpose. In attempting to describe the artificial velum, we must, for want of better terms at present, designate its principal parts as its *body* and *wings*. The body of the velum consists of a lamina of the caoutchouc, of a somewhat triangular form, and of the same size and shape as the vacant space it is intended to occupy, that being the plane which would be indicated by imaginary lines connecting the opposite sides or columns, and subtending the vertical angle of the fissure, at which point the velum is connected to the posterior extremity of the spiral spring. This lamina, constituting the body of the velum, is divided into three pieces, which overlap each other. The wings project obliquely forwards and outwards from each lateral margin of the body, and being made to conform to the shape of the columns or sides of the fissure, are seen to rest upon their inner and anterior surfaces, thus covering a portion of the soft parts which constitute the boundaries of the posterior fauces. In like manner, along each lateral margin of the body, there is (in mechanical phrase) a flange, projecting obliquely backwards and outwards, and extending along down the posterior surface of the column, it terminates at the inferior angle of the velum. In this way the wing and the flange, on the same side, together form a groove fitted to receive the fleshy sides of the fissure. As the preparation of caoutchouc made use of presents a smooth surface, and yields readily to the slightest pressure, it is found to permit the contact and muscular motion of the surrounding soft parts, without causing any irritation. When, therefore, the sides of the fissure tend to approximate, as in deglutition, gargling the throat, or the utterance of some of the short vowel sounds, the three parts of the body of the velum slide readily by each other, thus diminishing the extent of the exposed surface, and thereby imitating, to some extent, muscular contractile action, the force being derived from without, and not, of course, contained within the instrument. During the effort made in speaking, the surrounding muscular parts embrace and close upon the artificial velum, and press it back against the concave surface of the pharynx. The passage to the nares being therefore temporarily closed, the occlusion of sound is accomplished, and articulation made attainable, as the voice or sound, as it issues from the glottis, is thereby directed into the cavity of the fauces, and confined there long enough to receive the impressions made upon it by the tongue, lips, &c., in the formation of the consonant letters.

The foregoing description may not be thought sufficiently specific; but some considerations preclude, at the present time, a more detailed account, which, to be intelligible, would require the aid of figures to illustrate the mechanism of the instrument. Even that might fail to satisfy one much interested in the subject, without an opportunity being offered of witnessing actual results derived from its application.

Though the instrument, after having been adapted in the way above described, was found materially to improve the speech, yet it was still considered defective, and not admitting of general application, until other important requisites had also been attained; for it was also necessary to

make it so yielding as not to irritate the sensitive and restless parts with which it must come in contact ; so that it might at all times be retained in place without inconvenience, while eating, drinking, or during sleep. At the same time, it was required to possess a degree of strength and firmness sufficient to sustain the force of any sudden shock, as in coughing, sneezing, or laughing, without the risk of being displaced, or in any way deranged. Durability of the substance composing the velum was also regarded as a point of the first importance to ensure its usefulness. The material made use of, as prepared by Mr. Goodyear, and managed according to his instructions, was found (after some practice in the manipulation necessary to bring it to the shape required) to resist the combined action of all the decomposing agents to which it must become subjected—viz., motion, animal heat, the moisture and acids of the mouth, and the oils of the food. The means afterwards devised to keep it in order, freeing it from deposits, and thus preventing fœtor, consist in the occasional use of some alkaline or aromatic preparation.

We would now willingly add some account of the elocutionary practice and discipline resorted to in order to obtain the full benefit of the instrument after its adaptation ; but this may well be deferred to a future paper, more space having already been occupied, than was at first intended—the purpose of this communication is indeed merely to announce what had thus far been accomplished.—*London Lancet*.

#### ON A SOURCE OF ERROR IN SUPPOSED INFANTICIDE.

By James A. Sewell, M.D., Quebec.

THE following case is, I conceive, interesting in a medico-legal point of view, particularly when taken in connection with the coroner's inquest lately held at Isleworth, Eng., on the body of Ann Pendry's child, the particulars of which are reported and ably commented upon by Wm. Ryan, M.R.C.S.E., in the *Lancet* for June 21st, 1845. I may merely here mention, for the benefit of those who have not seen the report, that the above-named Ann Pendry was delivered of a child in a privy, that the child was shortly after found dead at the bottom of the privy, and that a verdict of wilful murder was returned by the coroner's jury against the unfortunate mother.

CASE.—Mrs. B., ætat. 30, married, and pregnant with her first child, was seized during the night of the 20th inst. with labor pains. Being a refugee from the late fire, she occupied part of a garret in which two or three other families and some young men were sleeping. Feeling a natural delicacy, at being confined under such circumstances, she suppressed her cries until daylight, when she descended into a lower apartment, in which resided a woman who had been recently confined by me, to whom she detailed her feelings, requesting, at the same time, that some warm water might be given her to "sit over," to relieve what she described as a great pressure at the lower part of the bowels. She had hardly seated herself upon the edge of a rather high chair, when a severe

bearing-down pain seized her, and before any assistance could be afforded (though one or two women were in the room) the child was forcibly expelled, and fell head-foremost on the floor, being killed upon the spot.

I should have mentioned that I was sent for immediately after Mrs. B. had descended into the lower chamber, but did not arrive till about twenty minutes after the delivery. The child, which was a remarkably fine one, was perfectly dead, and still attached by the cord to the placenta, which came away shortly after the infant.

In the above case not the *slightest suspicion* of criminality can attach to the mother; but, suppose the delivery to have taken place under circumstances precisely similar to those in Pendry's case, though there would be ground for a medico-legal investigation, still, with the fact brought before them by the coroner, that cases such as I have now reported do not unfrequently occur, a jury should be extremely cautious how they blast a poor creature's character by returning such a verdict as that recorded against this unfortunate woman.

I am happy to have it in my power, by a recent case in point, to support the view taken by Mr. Ryan.—*British Amer. Med. Jour.*

[In connection with the above interesting case by Dr. Sewell, the two following cases are copied from late Nos. of the London Lancet, the first of which is related by J. B. Prowse, Esq., a surgeon of Clifton; and the other by Dr. A. Blacklock, of Dumfries.]

One positive fact is worth more than all the negative evidence which can be brought forward on any subject, and for this reason the subjoined case is narrated. When a pupil, I was engaged by a poor woman to attend her during her accouchement; she was a native of Ireland, and a remarkably fine and well-formed person. She had already borne two children. On the day of her delivery I was requested to call on her, for she *thought* her confinement was near at hand. Her attendants said she was in no pain, but that she appeared uneasy. I waited on her, and found her on the bed, smiling, and expressing a hope that she had not summoned me unnecessarily, but that, as she never suffered much in labor, I would excuse her if she was wrong. On examination, I was surprised to find the head of the child in the upper part of the vagina, and was puzzled to account for there having been no pains to lead to the suspicion of the real nature of the case. No sooner was my hand withdrawn, and my back turned to speak to the attendants, than there occurred one single effort of the uterus, and the child was in the world. I never shall forget the circumstance. To say that there was pain, would be wrong. I believe what the woman stated to me as truth at the moment, that "she scarcely experienced any uneasiness." Not to occupy any more space of your most valuable journal, I will merely say, in conclusion, that on reading the report of the case at Isleworth, I saw how possible it was that the woman should be innocent.

Now, that facts are so uniformly preferred to theories, permit me to contribute to your useful pages the following case, which occurred to myself so long ago as Feb. 26th, 1823. At about midday I was hur-



riedly called to the wife of a clergyman, who had been suddenly taken in labor of her second child. She had been sewing, and occasionally reading, in the parlor, for an hour before, but without suffering any pain or uneasiness to lead her to suppose that labor had commenced, or was even threatening, when in an instant she experienced a strong bearing-down pain, which induced her to get upon her legs, and endeavor to walk into an adjoining bed-room. But before she had proceeded more than a few yards, *another pain threw the infant upon the carpet.* The cord was ruptured close to the umbilicus, but fortunately did not bleed from the foetal portion. The placenta was partially detached, and the most alarming flooding immediately followed. By introducing my hand, irritating the uterus, and carefully extracting the after-birth, administering brandy freely, and applying cold water and well-adjusted pressure to the abdomen, my patient soon rallied, and made a good recovery. I may observe, that the infant was not injured by the fall; indeed, the fall must have been much lessened by the cord.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 27, 1845.

*The Butler Hospital for the Insane in Rhode Island.*—An apology is due for not having sooner noticed the Report to the Trustees of the proposed Lunatic Hospital in Rhode Island, by Dr. Bell, of the McLean Asylum, whose good judgment and taste are both apparent in the report. This newly projected institution is to be located at Providence. Funds exceeding \$130,000 were received for the purpose the past year, including a legacy of \$30,000 from Mr. Brown, and \$40,000 from Mr. Cyrus Butler. The proposed institution takes its name from the last-mentioned donor. Three miles from the city of Providence, 120 acres of land have been purchased. With a desire of having the very best contrived edifice—one that shall embrace all the advantages known either at home or abroad—Dr. Bell was induced by the Trustees to visit Europe for the exclusive purpose of ascertaining what was best, most convenient and tasteful in this kind of architecture.

“Dr. B. sailed early in January last for London; after examining the various public and private metropolitan asylums, and the larger public ones to the south, he passed over to the Continent—remained a fortnight at Paris and its vicinity, and thence through Belgium, intending to visit the institutions on the Rhine. Receiving, however, such information as led him to the opinion that his short stay would not be most profitably expended in that direction, he returned to England and visited a very considerable proportion of the most recent and best asylums in Great Britain. Amongst those, to which, as the most perfect and best designed, he gave the most particular attention, were the Surrey, Northampton, Leicester, Nottingham, Lincoln, Wakefield, the two at York, Glasgow, Edinburgh and Belfast. Many of the earlier and unimproved asylums were visited during the

first part of his absence, but so little was found to remunerate him for the loss of time, that he devoted more of his attention afterwards to the details of such recently-constructed edifices as were acknowledged to contain the most recent improvements.

"The results of his observation were communicated in a Report to the Trustees of the Butler Hospital. The plan proposed is now in the hands of a competent architect for estimates and other practical points, and has not yet been fully determined upon. The intention is to proceed at once to carry forward the buildings."

It appears that the insane establishments in England, or, rather, British institutions, are now of two kinds, viz., the old and the new. The modern structures eclipse the first both in their internal arrangements, comfort and beauty. The old ones were located in towns, and therefore noisy and circumscribed; while the edifices of later times, stand off from the hum of the multitude, with ample grounds. The gloomy, severe, jail buildings are superseded by those of a light, airy appearance, and of an inviting character. Dr. Bell enters upon the details of the size of apartments, the method of warming, ventilation, &c., with the precision of one who feels his responsibility. Points of immense consequence in regard to the internal economy of these homes of the wretched are discussed with much ability. The following is a portion of the results of his investigations.

"In digesting a plan for the 'Butler Hospital' from my somewhat copious supply of materials (having been so fortunate as to obtain copies of the unpublished plans of a number of the best and most recent institutions), I have been compelled to adopt the conclusion that for our country and climate, a right line, with projections at right angles and at the centre, is the most convenient form. My opinion formerly was much in favor of separate buildings for the different sexes, and for the officers and offices of the household. There are certainly advantages in such a separation, but overruled by reasons of convenience and economy; particularly where it is designed to introduce the modern system of heating and ventilation. A most serious objection to the common quadrangular form, that patients from different sides are placed opposite and in view of each other, is obviated by the plan of having the kitchen and its appendages and the chapel over it, project between the two wings."

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*Nothing New in Surgery.*—If it is true that there is nothing new under the sun, it must necessarily be so in respect to surgery. Excavations at Pompeii have brought to light various instruments, which have been considered original inventions in our day, and as such are patented. Dr. Chandler, of St. Albans, Vt., relates the following anecdote, illustrative of the fact that the idea of originating any new apparatus or new principle in surgery, is quite if not wholly preposterous.

"Of course," writes the doctor, "you understand that a country surgeon of small pretensions, may not look for a great array of books on the shelves of his desolate study. Periodicals are few and far between, and the élite of the profession are not often included among his associates. Under such circumstances, several years since, I was much annoyed and mortified with the results of oblique fractures of the femur, in spite of all the contrivances I remembered to have heard or read of. I therefore set

about the labor of devising a fracture apparatus, which would prevent the shortening of the limb. It consisted merely of a platform, six feet long and three wide, on which to lay the patient, with joints, secured by hinges, at points corresponding with the hips and knees—care being taken that the middle portion should correspond with the length of the patient's thigh. That being accomplished, it was easy, by cushions and fixtures, for straps, &c., to remedy the evil. The results in two or three instances were so satisfactory, that in my very soul I thought myself the cleverest surgeon in all the country round. While on a visit at New York, soon after, and while walking the hospital in company with Dr. J. K. Rodgers, who, by the way, treated me very courteously and considerately, I could not resist the united promptings of self-complacency and compassion for suffering humanity, and so in the fulness of my heart, disclosed, in a patronizing fashion, to the doctor, my wonderful contrivance and my more wonderful success in curing fractures. It was an emergency the doctor was equal to; his politeness did not fail him, and after gracefully bowing his sense of obligation, he apologized by reminding me of the claims of his patients on his time, and gave me over to the guidance of a young gentleman whom he requested to show me through wards number so and so—where, to my utter consternation, I saw two or three patients with broken thighs, stretched on fracture beds, combining all the advantages of mine, with many others that I had never dreamt of. I did not stop to inquire the name of the inventors, nor how long they had been in use."

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*United States Army Medical Movements.*—Assistant Surgeon C. McCornick ordered on duty in New Orleans, La., from Key West, Fla.—Surgeon A. N. McLaren assigned to duty temporarily at Ft. Independence, Boston Harbor, from Hancock Barracks, Houlton, Me.—Assistant Surgeon R. Southgate ordered from Ft. Gratiot, Mich., for duty at Military Academy, West Point, N. Y.—Assistant Surgeon W. Levely ordered to join Brigadier Gen. Taylor's command in Texas.—Assistant Surgeon C. E. Isaacs relieves Assistant Surgeon M. Mills at Ft. Niagara, N. Y., who accompanies detachment of Light Artillery from Baltimore, Md., to Texas.—Assistant Surgeon R. S. Holmes assigned to duty at Hancock Barracks, Houlton, Me.—Assistant Surgeon L. McPhail ordered from Plattsburgh Barracks, N. Y., on duty with Gen. Taylor's command, Texas.—Surgeon R. C. Wood ordered from Buffalo Barracks, N. Y., on duty with 5th Infantry at Jefferson Barracks, St. Louis, Mo., en route to Texas.—Assistant Surgeon I. Simons accompanies detachment of 2d Dragoons, ordered from Ft. Washita to Texas.

The following officers of the medical staff are also attached to General Taylor's command in Texas:—Surg. J. J. B. Weight, Assistant Surgeons B. Byrne and H. H. Steiner, from Florida, with 8th Infantry.—Surg. W. L. Wharton and Assist. Surg. G. Buist from Ft. Jesup, La., with 2d Dragoons.—Surg. N. S. Jarvis, Assist. Surg's J. R. Conrad and A. W. Kennedy, with 3d and 4th Infantry.—Surg. P. Craig and Assist. Surg. D. C. De Leon, with 7th Infantry. Their address is "To the care of the U. S. Quartermaster, New Orleans, La."

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*Extraction of Teeth.*—Mr. Power, dentist, Stephen's Green, Dublin, has found it desirable, in the course of his professional duties, after the



extraction of a tooth, that the gum should not be closed, as the natural spreading of the adjoining teeth on either side of the tooth which has been extracted is thereby prevented. When the jaw has received injury, in the course of a rude operation, it is judicious to bring the parts into contact.—*London Lancet*.

*Medical Miscellany*.—Dr. Knight, of Monticello, Mo., writes that he has seen but one case of harelip in a black, but that was a double one, although long a resident of a slave State.—The circular of the Willoughby University, Ohio, exhibits the good condition of the medical department. In 1844-5, there were 126 medical students matriculated there.—At the meeting of the Farmer's Club, in New York, Dr. Underhill was of the opinion that nine out of ten of all western cattle had diseased livers. Dr. Archer delivered an address on the advantages and capabilities of Texas. Dr. Page, of Texas, showed that it was a country of great fertility.—A child was killed at South Boston by brandy, given by its parents as a remedy for worms.—The New Haven Herald states that the prize offered by the Connecticut Medical Society for the best essay upon Scarlet Fever, has been awarded to Dr. Ellsworth, of Hartford.—A circular of the Jefferson Medical College, announcing the lectures for 1845, has been published.—In the great fire at Smyrna, disastrous beyond all former ones, the English hospital was saved, but the Austrian was destroyed; by great exertion the Greek hospital was also saved, having three hundred patients in it at the time.—Cynthia Browning, the Kentucky giantess, died July 30th. She was seven feet tall.—Dr. V. J. Fourgeaud, of St. Louis, has become one of the editors of the St. Louis Medical and Surgical Journal: there are now three editors, viz., Drs. Linton, McPheeters and Fourgeaud.—Dr. Gross, of the Louisville, Ky., Medical Institute, is at Philadelphia, says Dr. Lee's Journal, superintending a new edition of his Elements of Pathological Anatomy.—Dr. E. S. Phelps, of Middleton, Mass., recommends filling a painful tooth, if hollow, with extract of belladonna, having several times afforded relief in that way.—A certain Dr. Christian, of Tennessee, is accused of the very unchristian act of shooting a political opponent.—Gratuitous lectures on surgery are delivered in October, at Lexington, Ky., where the medical department of Transylvania University is located.—A decoction of the black ash bark is the last-announced remedy for hydrophobia.—The Society of American Dentists have unanimously declared, in convention, that filling teeth with amalgam is a dangerous practice.—A perfect skeleton of a mammoth, the only one ever exhumed entire, is said to have been found seven miles west of Newburgh, N. Y. The skull, alone, weighs 700 pounds.—A pest house recently erected at Pittsburgh, Penn., has been demolished by a mob. The people wish to have smallpox at home, it seems, and not in the public accommodations.—Smallpox has appeared at Millbury, Mass.—Dr. Silas Fuller, an eminent physician of Hartford, Conn., is slowly recovering from a sickness, which it was feared, at one time, would terminate fatally.

Number of deaths in Boston, for the week ending Aug. 23, 53.—Males, 30; Females, 23. Stillborn, 3. Of consumption, 6—disease of the bowels, 18—erysipelas, 1—cholera infantum, 5—hooping-cough, 2—old age, 2—teething, 2—disease of the brain, 1—dysentery, 1—delirium tremens, 1—scarlet fever, 2—infantile, 5—accidental, 1—bronchitis, 1—child-bed, 1—intemperance, 1—dropsy, 1—typhus fever, 1—croup, 1.

Under 5 years, 35—between 5 and 20 years, 4—between 20 and 60 years, 12—over 60 years, 2.

*Contagion of Typhoid Fever.*—M. Gaultier de Claubry, in a communication read before the Academy of Medicine, Paris, endeavored to prove—First, that typhus and typhoid fever (dothi-enteritis) are identical. Secondly, that typhoid fever, like typhus, is contagious. These propositions M. Gaultier Claubry supported by numerous arguments drawn from his personal experience. He had within the last few years met with eight cases of undoubted contagion in his private practice, the patients being all in easy or wealthy circumstances. In concluding, he reminded the Academy that his views on this subject were also those of MM. Chomel, Louis, Andral, Moreau, Jolly, and many others.

M. Rochoux disagreed in every respect with M. Gaultier de Claubry. In his opinion, the diseases were perfectly distinct, differing in their causes, their symptoms, their pathological anatomy, and their treatment.—*London Lancet.*

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*Professor Campbell's Statistics of Midwifery.*—These statistics are founded on 5,754 deliveries which have occurred for some years in the author's private practice, and such as have been under the management of his pupils, as also those for which he has been consulted by his professional friends.

The oldest parent among the males was 77 years of age, and his wife produced 13 sons and 3 daughters—two of the latter being by a former husband; when her 16th child was born, she was in her 41st year. In 5,754 deliveries, there were but 5 male parents below the age of 20; 4 at 18, and 1 at 19. Among the female parents, 2 only were delivered at the age of 50; 3 at 47; 9 at 46; 15 at 45; 20 at 44; 21 at 43; 37 at 42; 28 at 41; 124 at 40; 153 at 39; 87 at 38; 35 at 37; 7 at 36; and 2 at 35. Of the whole number of female parents referred to, each of 31 mothers produced 12 children; 14—13; 5—14; 1—15; and 3—16 children.

In 5,754 deliveries, there were 2,901 male, and 2,219 female children; the sex of the remainder had not been recorded.

There were, in 400 first deliveries, 244 males and 160 females, including 3 twin births, of which 1 was a female and 5 were male infants.

In 116 illegitimate births, there were 65 male and 52 female infants, including one twin delivery, in which there was one of each sex.

By 153 males and females of equal ages, 318 males and 245 females were procreated, including 3 twin births, of which 2 were male and 4 female infants.

By 340 fathers, from 3 to 6 years older than their wives, 795 males and 351 females were produced, including 5 twin cases, in which there were 3 males and 7 females.

By 143 fathers, who were from 7 to 10 years older than their wives, 366 males and 289 females were produced, including one twin birth, of which both were male infants.

To 112 fathers, who were from 11 to 36 years older than their wives, 267 males and 194 females were born, including 1 twin birth, in which there was one infant of each sex.

To 117 husbands, who were from 3 to 17 years younger than their wives, 285 males and 214 females were born.—*Northern Journal of Medicine, June, 1845.*

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DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Continued from page 76.]

*fractures of the Shaft of the Femur.*—Though in our tabular view we made no subdivision of the fractures of the shaft of the femur, we find that the point at which the lesion occurs makes a great difference in the readiness with which we can control the displacement of the fragments. Fractures taking place within three inches of the top of the trochanter are more difficult to treat successfully, and are more likely to foil all the care and skill of the surgeon, than any other. In intra-capsular fractures of the neck and in fractures of the trochanters, cures are not to be expected. In impacted fracture of the neck or of the condyles, the failure may be laid to the great violence received, and the surgeon escapes censure. In the other fractures, with common care, he effects a cure, but fractures just below the trochanter may be caused by comparatively slight accidents, and despite every attention and exertion the patient often leaves the surgeon's hands a cripple for life—not forgetting to bestow some back-handed blessing upon his medical attendant every time he puts on his high-heeled shoe or takes up his cane to go forth halting upon his way. The causes of this peculiar and exceeding difficulty in treating fractures in the neighborhood specified, are these.

In fractures higher up, there is no muscle attached to the upper piece to draw it out of its situation, and we have command over the lower piece and can bring it into its proper place. In fractures nearer the middle of the shaft, the length of the upper piece gives us command over it, besides which the vasti externus and internus being attached to it, though they cause us trouble by approximating the two fragments and making the ends override each other, tend to prevent the upper from being drawn very much out of the line of the axis of the limb. When, however, the fracture takes place high up, two strong muscles, the iliacus internus and psoas, have unlimited power to draw the superior fragment forward and upward, and the pectineus gives it an inward cant, whilst its small size prevents our obtaining a *point d'appui* upon it. We cannot wholly govern its motions with bandages, compresses or splints.

We have hitherto said nothing about bandages and compresses, for several reasons. We have purposely left much to the instinct and common sense of the surgeon: to that instinct, without which we might tell him much more and neither make him wiser nor his patient fare better, and with which, to descend into minuter details would be useless.



This instinct will tell him that the wood of which a splint is to be made should be as light as possible consistently with the requisite strength; that bandages should be of a breadth proportioned to the size of the limb; that they should only be used to a sufficient extent to fulfil the object, and that beyond this every turn is hurtful; that compresses should be made of as soft and elastic a substance as we can get. Besides this, we hold that bandages should never be used when they can be avoided, and in the fractures already treated of none were necessary except those already mentioned or implied in our description of the apparatus used.

In the fracture we now treat of, the limb has to be constricted quite firmly just over those vessels by which it discharges most of the fluids that have been circulating in it—the femoral vein and the numerous lymphatics in its neighborhood. Without some precautions an accumulation would take place beyond this constriction, and the limb become very tumid. To prevent this, we begin our treatment by enveloping the whole leg and thigh from the toes upward in a bandage of Scultetus. This we prefer to a roller, because, if properly applied, it is just as efficient, and when it becomes slackened, which any bandage will do sooner or later from the wasting of the limb, it can be re-adjusted without disturbing the splint, which would have to be entirely removed to re-apply a roller. We may mention here, that the great imperfection of the Scultetus seems to be that the ends work loose. This may be prevented entirely by giving them a little daub with starch as each is tucked in.

For reasons which are evident after what we have said in explaining the difficulties of treating this fracture, a straight splint will not serve us. It would restore the proper length to the limb, but it could have but little effect in keeping the upper fragment in apposition with the lower. We therefore decidedly adopt the semi-flexed splint after the type of Rowe's. To this the limb is attached, flexing it at right angles to the pelvis, whilst extension is carefully preserved. Over the extremity of the upper fragment a compress is laid, and upon this, extending half way down the anterior and internal aspect of the thigh, is placed one of Gooch's flexible splints, securing it by two bands around both limb and inclined plane. In the application of this splint the apparatus of Rowe has a decided advantage over the broader and more bulky inclined plane of Cooper, as with the latter this anterior splint must be applied before placing the limb upon the inclined plane, and of course before the extension is made permanent; there is consequently a liability to displacement and to an alteration of the bearings of the compress. As the thigh is to be flexed at right angles with the pelvis, the body should be raised at an angle of about  $30^{\circ}$ , which would be much more comfortable than to have the trunk horizontal and the thigh perpendicular. From the beginning of the treatment the splint must be suspended, and to increase the extension the point of suspension must be so placed that the suspending cord will have an inclination to the foot of the bed, and therefore a tendency to draw the limb in that direction. The time required to complete a cure is about six weeks.

The causes of our difficulties in treating fractures near the middle of the shaft may be gathered from our short sketch of the anatomy of the part, and therefore do not require a more special enumeration. The direction of the fracture much affects these difficulties, it being evident that in a transverse one the fragments can be more readily held in apposition and prevented from overlapping than when the fracture is oblique, furnishing two inclined planes which may readily glide over each other. Oblique fractures also are affected by the direction of the obliquity. If the obliquity range from above downward and from without inward, a reference to the anatomy of the pectineus and the lesser and middle adductors will show that these muscles will then act with great effect in drawing the superior fragment inward; but if the fracture range from within outward, the influence of the same muscles would be almost null, whilst the long adductor would act upon the lower fragment at so acute an angle as to have but little effect in drawing it out of the line of axis of the limb.

This will be readily understood by a reference to the accompanying diagram.

A A.—The Femur.

b b b b.—The outlines of the Pectineus.

c c c c.—The outlines of the Adductor Minimus.

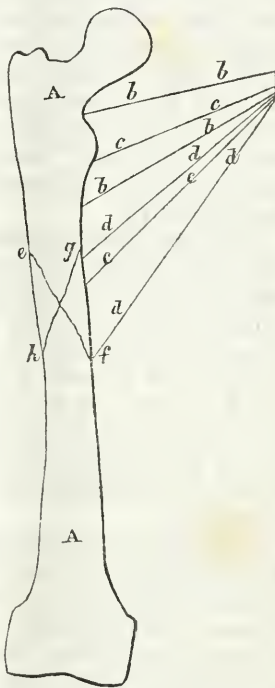
d d d d.—The outlines of the Longus seu Medius.

Now it is evident that if the fracture is in the direction of the line *e f*, the superior fragment can be readily displaced and to some extent, whilst if it is in the direction of the line *g h*, the result will be a slight bending of the bone inward, without much displacement of the fragments from their relative position.

The splint we advise is the same modification of Desault's by Flagg already quoted, replacing it as before in order to lessen the restraint of our patient as soon as we possibly can (say the twentieth day) by the light suspended inclined plane of Rowe. As for bandages, rollers, &c., we will thank M. Mayor for the advice, and utterly discard them except where the single turn of a *broad* roller or handkerchief (which will not produce sudden or severe constriction) and a compress is necessary to prevent the obliquity of one or both of the fragments.

Adjust properly what bandage may be wanted to hold in place the apparatus, or a fully-proportioned compress, and no constriction will be produced that would require the enveloping of the limb with bandages, except in the last-mentioned fracture. Omitting the use of these, we

FIG. 6.



gain much in cleanliness, in saving of trouble, and in the well-being of our patient. We can have the whole limb under our eye, and with convenience make what application of lotions, &c., may be necessary, and moreover the limb may be subjected to those gentle and continued frictions, with the naked hand, so agreeable and soothing to a fractured limb constrained and fatigued by a splint.

*Fractures of the Lower End of the Femur.*—Fractures of the lower end of the femur we have subdivided into those just above the condyles, and those through the condyles into the joints, separating one or both condyles from the shaft.

It may be said that the first of these properly belongs to fractures of the shaft, but they are produced by the same kind of violence as the last; the two are frequently complicated in the same individual, and much the same treatment is required for both. These lesions are always produced by heavy falls upon the knee, received in a direction so oblique as to avoid fracturing the neck by contre-coup, and yet so severe as to rend apart the expanded spongy tissue of the condyles. Where the shaft alone is fractured, the diagnosis is made with facility; but where a condyle is separated, our means of judging the precise nature and extent of the injury are much lessened, because the violence must necessarily be shared with the neighboring soft parts, bursæ and synovial membranes of the joint, and these tissues soon become so tumefied as to destroy all our usual landmarks. Amidst this tumefaction and effused bursal and synovial fluid, it is not strange that we should be unable to detect a piece like the condyle.

When the shaft is fractured transversely, the broad opposing surfaces resist displacement, and in this way much assist us in our treatment; but where the fracture is oblique, ranging from above downward and from behind forward, we not only have the difficulties before explained as caused by two inclined planes, but the point of the upper fragment is very apt, in spite of all our care, to project sufficiently forward to prevent the patella from gliding up and down; the motions of the knee are consequently much embarrassed and sometimes entirely impeded. We should, therefore, in this accident be always very cautious in our prognosis, as under the best circumstances this must be considered a formidable and unpromising injury.

In this fracture our resort must be to the straight splint, which even Cooper adopted, with an internal splint so like Dr. Flagg's that we cannot be persuaded to call the one used at the Massachusetts General Hospital by his name. In consideration of the assiduous local treatment almost always required by the violence done to the parts around in this injury, we would suggest the use of the same contrivance mentioned in speaking of impacted fracture of the neck—substituting a steel rod ellipse or oblong for the wooden splint in the neighborhood of the fracture. Great care must be paid to the proper support of the knee, but otherwise the splint is to be applied as usual, using, according to our principles, compresses where they may be required to prevent chafing, and bandages where they may be necessary to attach the splints or give support to some part or compress, *but no where else.*



At the end of a month the inclined plane of Rowe may be substituted—first putting it on perfectly straight. Passive motion by flexing the splint should be commenced as soon as possible, but the arrival of this period can only be told by actual experiment of the surgeon. The few cases on record hold out no cure under two and a half months, and some extend nearly to the fourth—a duration which must be considered rather as required by the extent and complication of the lesion than by any backwardness at renovation on the part of the bone, which at this point seems to possess all vitality requisite for speedy reproduction.

Fractures of the condyles are also accidents of which our prognosis must be unfavorable. The violence originally causing the lesion must necessarily be great, and of course be shared by the very sensitive articular tissue. The joint itself is opened, and if these difficulties are overcome we have a nice task to unite the detached condyle so accurately as not to impair the delicate mechanism of the joint.

In the treatment of this fracture our first precautions must be directed to getting rid of the tumefaction, which, as with the last, is liable to be very great. Having accomplished this, Sir Astley Cooper advises applying a roller, and then a wet piece of pasteboard about sixteen inches long and wide enough to reach from the edge of the patella on one side, down underneath the limb, up to the other edge of that bone, confining it with another roller. Bransby Cooper would substitute the starched bandage for this. We would suggest Rowe's splint, used perfectly straight at first. This would give all the ease and comfort of either of the others; is just as readily applied; does not prevent the application of lotions, leeches, &c. &c.; can be suspended; and, finally, will enable us, when the proper time arrives, to submit the limb to passive motion without further disturbance than what we choose to inflict upon it. This accident is rare, and the records of our profession give us but little information upon it. The cases related were, like the last, tedious, requiring three months for a cure.

*Compound Fractures.*—In these severe and often fatal injuries, the only modification of apparatus which we would suggest is the one already twice mentioned—the substitution of a metal continuation of the splints in the neighborhood of the wound for the purpose of facilitating the application of local remedies, and in the present case with the additional view of preventing the discharge from the wound soaking into the splints and befouling them. This can be made by any blacksmith, whilst we are reducing the swelling sufficiently to apply the splints. To keep the bed clean, the injured limb should be placed upon a piece of India rubber cloth. This, instead of passing as usual under the other limb and letting the fluid run into the depression caused by it, should come up between the thighs and be laid over the sound one, which it will not incommodate if the cloth be very thin.

#### *Occasional Modifications of Apparatus.*

Though we have given what we deem to be, under ordinary circumstances, the best apparatus for the treatment of the several fractures of

the thigh, there are occasions which demand a modification of the appliances mentioned or a substitute for them.

Thus we have recommended the inclined plane after the type of Amesbury, Rowe, &c. Instances may occur, when this, simple as it is, can neither be obtained already made nor manufactured, and our next choice, then, would be the starched bandage. This we apply as already directed.\* In making this splint or bandage, for it is both, we have found it very useful to introduce the common ironmonger's paper between the layers of the roller. Cut the paper into strips an inch wide, or even less; paste them over on one side, and double them together for a few minutes until the paste can soak in and thoroughly soften them. They can then be perfectly adapted to any surface, even when very convex and irregular, and are particularly serviceable when we want to strengthen a part, saving us the necessity of carrying back the roller to that part and making an ungainly-looking splint. In all cases where this apparatus is used, we would urge its being slit open in front. If properly made, this will not impair its strength, and it gives the limb an opportunity of swelling without being constricted, and gives us an opportunity of daily examining it. This splint does not possess one great advantage which the inclined plane offers. We cannot exercise the limb with passive motion while it is on; we must therefore, when the time comes, remove it and replace it again after exercise.

The starched bandage is very useful with children, and where the limb has previously been crooked or otherwise deformed. With the very young we experience a difficulty in keeping the limb perfectly still, and in preventing those motions which must derange any splint. In deformed and crooked limbs we of course cannot adapt a straight splint. In both of these cases the starched bandage answers admirably. With babies and very young children there is an inconvenience attending its use, which may not at first suggest itself, but which produces great trouble—they urinate upon it, and of course soften it. For this Taignot advises varnishing it, but they will not let it dry sufficiently to varnish it. In such a case we had great success with the following method. Making proper extension ourselves, an assistant prepared a bed of plaster of Paris. Into this we laid the child ( $2\frac{1}{2}$  years old), taking a half mould from the crest of the ilium to half way down the leg. In five minutes it *set*, and the child was taken out. In this mould we made a cast of that half of the hip, thigh and knee, and to this cast we applied a starched bandage, precisely as if it had been a real limb. Of course it was but a half circumference—one side being flat. When dry, we cut off this flat side, and were thus enabled to remove the starched splint from the cast. This splint, which of course was perfectly shaped to the half of the limb, we then varnished with copal varnish, making it thoroughly waterproof.

The plaster splint we have never seen tried. One evident advantage it possesses is the perfect uniformity of pressure established all over the limb—a uniformity which the greatest skill in applying a roller cannot equal. The size and weight of the material is the greatest objection to its use. A very interesting case is given in Cooper's work on Disloca-

tions and Fractures, in which this splint was used in a case of oblique fracture of the thigh with unexpected and perfect success. In this case, before the plaster hardened the anterior fourth was removed throughout its whole length from the groin to the instep.

The late improvements in the preparation and manufacture of India rubber hold out expectations that it may be usefully applied in the form of bandages, which, though sufficiently firm to fix the limb, would still by their elasticity permit any little increase by swelling or decrease by wasting, without pain to the patient or derangement of the apparatus. This remains to be determined by experiment.

[To be continued.]

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#### DEATH FROM THE PRESENCE OF A FOREIGN BODY IN THE BRONCHUS.

By James Sheppard, M.D., M.R.C.S.L., Stonehouse, Devon.

ON Tuesday, Feb. 18th, at 10, A. M., I saw Mr. J. L——, aged 73, a gentleman much respected, to whom I had been summoned, in consequence of his alarm at having swallowed a piece of ginger some hours previous to my visit, which he considered had “stuck” in his throat, on its passage. It appeared that Mr. L. had retired to his bed on the previous night at his ordinary time, in his usual health. According to a custom of many years, he had gone to sleep with a piece of ginger in his mouth. About two o’clock in the morning, he was awoke by a violent cough, of a suffocating and spasmodic character; he felt as though the ginger had “stuck” in his throat, and he could neither get it up nor down. His cough continued without intermission, for about two hours, when he felt the ginger move and pass into the “chest.” Since then, he had slept at intervals, and though a good deal exhausted, he appeared, at the time of my visit, to be pretty comfortable, notwithstanding an occasional cough. His countenance was tranquil, his pulse calm, his respiration natural. He expressed himself to be tolerable, with the exception of a tightness across his chest; this we both referred to the concussion of the cough. He complained of no local pain in the chest, as might have been expected if such a stimulating substance as ginger had escaped into the lungs. But the question was urgent, where was the ginger? Was it in the bronchi or in the stomach? There was no symptom to warrant the conclusion that the ginger was in the lungs. That it had irritated the epiglottis, or the lining membrane of the larynx, in the morning, was certain, but as to its position in the body I felt myself unable to determine. For years he had been the occasional subject of asthma, and had also an habitual cough. I ordered him to take a little castor oil, and determined to wait for the result. About three, P. M., they sent for a little cough medicine, saying Mr. L.’s cough was rather troublesome. I accordingly sent him a little pectoral mixture, and a Dover’s powder to take at night.—Eleven, P. M., was called out of bed to see him. He was very restless, and exceedingly anxious; his countenance also betraying great anxiety. His skin was hot, his tongue dry, his respiration hurried,



and he still complained of pain across his chest. His cough had gradually become more troublesome ; he was altogether very ill.

*Percussion.*—Both sides sounded equally well.

*Auscultation.*—But little vascular respiration audible on either side, less on the left than on the right. On the left side, bronchial respiration and crepitation was audible in several abnormal situations. On the right side, there was large mucous crepitation heard all over the posterior portion of the chest. More fremitus felt on the right than on the left side, and the left side was also immovable to a considerable degree in respiration.

He had expectorated a good deal of mucus during the day, which presented no unusual appearance. His voice was manifestly altered, but it was not the alteration of laryngitis, but of debility ; perhaps it may better be described as a failure of the voice rather than as an alteration. I ordered him to omit the mixture, and to take a saline aperient with ipecacuanha ; the oil had operated twice, but no ginger had been seen. I ordered also a mustard poultice.

If the ginger was in the chest, where was its seat ? or was it a case of uncomplicated bronchitis ? These questions were of a most important character, but could not be solved in the present state of the case. I believed the ginger was in the bronchi, but could not decide satisfactorily. There was but little vesicular respiration audible in either lung ; the left lung was nearly immovable ; the right bronchial tubes were in a state of inflammation. Did the ginger plug up the left bronchi ? This was the case, or the left lung was in a state of chronic disease. There was less fremitus on the left side, yet bronchial sounds were abnormally audible in some places, as though there was consolidation or engorgement of the left lung ; yet the fremitus was less on the left than on the right. The fremitus being less, and the left side moving so little in respiration, indicated that the ginger was in the left bronchus. What, then, was the cause of the inflammation in the right ? I thought it probable, if the ginger was in the left bronchus, that (as it was described as a piece as large as the distal phalanx of the little finger) it might project into the cavity of the trachea, and propagate its irritation by continuity of structure ; or that mucus impregnated with ginger might have passed into the right side, and so have caused inflammation.

February 19th, half past nine, A. M.—Countenance much altered, betokening great depression ; his pulse had given way and had become weak and thready ; his tongue was dry and brown, his skin cool, his breathing anxious, and he complained of a good deal of pain in his chest, especially at the posterior part, between the shoulders ; he was perfectly sensible, but a little inclined to coma. I feared that sinking was at hand. I ordered a blister to his chest, and commenced stimulants. At three, P. M., I again saw him ; he was much lower ; decided collapse had appeared. At four, P. M., at the request of the family, I met my friend Dr. Tyndal in consultation ; he was still sinking, and at five, P. M., he died.

I was ordered to make a *post-mortem* examination of the body by the coroner, which I did at three o'clock in the afternoon of Feb. 21st, and

I regret exceedingly, that from certain very unpleasant circumstances, resulting chiefly from the disinclination of the relatives to permit the body to be examined, I was prevented from making as perfect and as minute an examination as I otherwise might have done. The jury were also waiting in the room below for my evidence. My friend Mr. Carter was present, and assisted me in the examination of the body. The lungs were so completely tied down to the parietes of the chest that it was impossible to break down the adhesions without also tearing the structure of the lungs. On laying open the larynx and trachea, nothing particular presented itself; the mucous membrane bore occasional marks of congestion, but inflammation was absent. When we arrived at the bifurcation of the trachea, at the very upper part of the right bronchus, was the fatal ginger, nearly if not quite on a level with the point of bifurcation. The ginger was swollen and soft, and on squeezing it, a bloody mucus escaped. In this condition it measured an inch and a quarter in length, half an inch across at its widest part, and about three-eighths at its narrowest, which was also its middle. Both lungs were loaded with dark blood; partly, I apprehend, from impeded circulation, partly from gravitation, &c., after death, and partly from congestion during the last hours of life, during the stage of collapse. The cellular structure of the lungs was much altered from its natural appearance, the left lung especially. On cutting into it, a quantity of semi-purulent mucus oozed out in large quantities from every cell, and there were marks of bronchitis on the right side.

If my patient had been young and healthy, I do entertain a hope that his life might have been spared, for the vital powers would have been better able to endure the shock, and to sustain disease longer; added to this, the diagnosis would have been clearer. The question also presses urgently whether, if younger, and with healthy lungs, some means might not have been adopted, some expedient resorted to, for his relief; for if there be a case demanding the exercise of all the ability and all the energy of the profession, it is surely such an one as this, in which, by such a simple mechanical (?) cause, the life of a valued fellow-creature was sacrificed and prematurely lost. The slight specific gravity of the ginger was against the idea of its being moved by gravity above, especially in its swollen state: but if the ginger be permitted to remain, it must cause death; would it not be advisable, if such a substance as ginger is clearly demonstrated to be in the chest, to open the trachea, as low down as possible, and to introduce an instrument to excite the irritation of coughing, in hopes of dislodging the substance, in order that it may be seized if possible? but if this fails, I would recommend, bearing in mind that the alternative is certain death, that a long and very fine canula, enclosing a sharp stilette, with a barbed point, should be introduced through the opening, which might be passed without touching the sides of the bronchial tubes; if resistance be experienced, the stilette might be carefully protruded *continually*, withdrawing a little to try if the prize was caught; a stilette without a barb might be first tried.

In the case I have described I regret only one circumstance, and that

is, that I was not applied to in the morning, when the ginger was sticking in his throat, for then, if the ginger had not entered the larynx, it might have been extracted. Not long since, I was called to a boy, in imminent danger; he had a "whistle" in his throat; I could feel it with my finger, but could not, of course, grasp it. I tickled his fauces with my finger, and the whistle was ejected with force.—*London Lancet.*

## ON PHYSOMETRA.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of Kemper College.

As tympanitis uteri is a rare affection, and, more especially, as the possibility of its existence has been questioned by some distinguished authorities, among whom may be mentioned Professor Meigs, of the Jefferson Medical School, who, in his edition of M. Cumbat's able work on the Diseases of Females, declares that it is very doubtful whether such a condition can occur, I beg leave to communicate to the profession four unequivocal cases which have come under my observation; the 1st, that of Mrs. W., of Nashville, Tenn., in 1833; 2nd, that of Mrs. M., of Columbia, Tenn., in 1835; 3d, that of Mrs. N., of Nashville, Tenn., who consulted me in 1842; and 4th, that of Miss Y., of Giles county, Tenn., in 1842.

As all of the above cases were very similar in character, I deem it unnecessary to detail each separately, but will simply state the prominent symptoms which particularly characterized the whole, and offer a few suggestions as to the pathology and best treatment of this very singular malady.

There was very great impairment of the digestive organs, manifested by anorexia, acidity of stomach, flatulence, and vitiated or defective biliary secretion; the bowels were very irregular, the discharges being sometimes rather consistent and clay-colored, but most generally serous or mucous, and frothy and whitish; and there was the most distressing languor and debility. The phenomenon, however, which chiefly attracted my attention, and which has given name to the affection under consideration, was the generation of a vast amount of gas in the cavity of the uterus, which was frequently discharged, *involuntarily*, with a considerable report, which circumstance rendered it extremely disagreeable for the females to be in company. Whenever the body was suddenly moved, the passage of the gas, *per vaginam*, was obvious to the patients, and quite audible at some distance to others: the uterus occasionally became greatly distended with the accumulated gas, but would subside immediately after repeated discharges induced by exertion. There was no doubt, whatever, as to the source of the gas, the females themselves being convinced that it passed *per vaginam*; but, independently of the evidence afforded by sensation, the fact that it always was discharged *involuntarily*, was, to my mind, satisfactory proof of its existence in the uterine cavity.

In regard to the pathology of this curious affection, I would remark,



that it *seems* to consist in chronic irritation of the mucous membrane, and relaxation of all the tissues of the uterus, associated with, perhaps dependent on, great impairment of the chylopoietic viscera.

It is difficult to explain how, under the above circumstances, gas is formed in the cavity of the uterus; it may be owing to the decomposition of retained secretions, or other matters, as has been suggested; or, it may be the result of direct secretion from the mucous membrane. Reasoning from analogy, and from the absence of any evidences of the existence of retained matters in the uterus, I decidedly incline to the latter opinion.

The leading indications of treatment are, to improve the biliary and other secretions by means of mild alterants and aperients; to allay the irritation of the alimentary canal, and restrain excessive discharges when they exist, by means of anodynes and astringents; and to invigorate the digestive organs and general system by appropriate tonics.

If the alvine discharges are somewhat consistent but clay-colored; or of a muddy or otherwise vitiated appearance, one or two pills, according to the following formula, administered every night, or every other night, would produce an excellent effect:—R. Mass. hydrarg., aloes, rhei,  $\bar{a}\bar{a}$   $\frac{1}{2}$  dr., made into 24 pills. If, however, the discharges are serous or mucous, and whitish or greenish, attended with pain, the following prescriptions will be found very useful: 1st—R. Mass. hydrarg., plumb. acet., ext. krameria,  $\bar{a}\bar{a}$   $\frac{1}{2}$  dr.; opii grs. xv., made into 24 pills, of which one may be given every fourth or fifth hour. 2d—R. Hydrarg. c. creta, dr. i.; gum arabic, dr. ii.; plumb. acet., dr.  $\frac{1}{2}$ ; tinct. opii acet., dr. i. to ii.; tinct. krameria, oz. i.; aq. menth. pip., oz. iii.; dose, a dessert-spoonful every fourth or sixth hour.

As tonics, I prefer the muriated tincture of iron, in the proportion of 20 drops, three times a day, in the infusion of the wild cherry-tree bark; or sulphate of quinine, in solution, as follows: sulph. quinae, scr. i.; elix. vit., dr. i.; aq., oz. ii.; dose, a teaspoonful three or four times daily.

In addition to the above means, it is advisable that the patient should take gentle exercise daily in the open air; and once or twice a day, a tepid shower-bath. The diet should be light and *nourishing*; and a little good port wine will promote convalescence.

Under the above plan of treatment, all the cases I have referred to recovered entirely.—*Missouri Medical Journal.*

## FATAL CASE OF PUERPERAL FEVER—AUTOPSY, &c.

By C. S. Magoun, M.D., of Wilkinson Co., Miss.

THE subject of this case was a negress, aged 18 years, of a robust habit and sanguineous temperament. She was purchased in New Orleans December 22d, 1844, and came to this place on the night of the 23d. She was immediately taken in labor, which was not tedious, difficult, or attended with any unpleasant symptoms. She had apparently completed the full period of gestation, and soon gave birth to a child of full size, healthy and vigorous. On the morning of the 25th, Wednesday, a dose

of castor oil was given with a view of opening the bowels in order to prevent any disposition there might be to take on fever. The oil acted on the bowels in the evening, and she appeared as well as usual at bedtime. During the night she became thirsty, but made no complaint of any pain or distress; she called frequently for water through the night, but being refused by the servants in attendance, she got up and satiated her thirst. She obstinately refused to let the child be put to the breast in spite of all persuasion, but no delirium or aberration of mind was noticed. Thursday morning her owner, Dr. R. T. L., a medical practitioner of experience, went in to see her in consequence of her refusing to nurse the child, having been informed that she was obstinate and sullen, and not expecting to find her with fever or any disease of serious import. He now found her pulse from 140 to 160 per minute, small and easily compressible; extremities rather below the natural temperature; body hot and dry; comatose, and insensible to all external impressions; abdomen nearly natural to the feel; the uterus well contracted. Prescribed venesection, but pulse sank under it, and it was discontinued after the abstraction of four ounces. Cups were applied to the abdomen, although no tenderness was apparent; stimulants, blisters and sinapisms applied to the extremities, &c., but with no visible advantage. The pulse increased in frequency, respiration became more hurried and laborious, the extremities cold, the pupils dilated and immovable, and death closed the scene at about 4 in the afternoon.

She was suffering, when purchased, with cough and great hoarseness, and spoke in a low, compressed, stridulous voice, apparently with great effort. This state was said to be a "*bad cold*" of a few days' standing; the symptoms were those resembling common influenza or catarrh.

*Autopsy, 18 Hours after Death*—The weather being very cold. The thorax was first examined; the lungs were healthy; the pericardium contained about two ounces of serum, in other respects the heart and its appendages were in a normal condition. Anterior to the trachea and near its bifurcation, was felt a tumor, which on being removed proved to be about the size of a hen's egg, hard, and unyielding, composed or formed of several glands united by a fibro-cartilaginous substance somewhat granulated in appearance. Many of the glands in the vicinity of this tumor were also enlarged and indurated. The irritation and compression of this tumor directly upon the air passages would seem to quite satisfactorily account for the cough and catarrhal symptoms. On opening the abdomen, the peritoneum was found deeply injected, and showed marks of intense inflammation; a small quantity of serum was effused into the abdominal cavity; the anterior folds of the small intestines and the fundus of the uterus, showed marks of inflammation. The uterus was not quite as well contracted as it should have been; the spleen was about three times its natural size and weight, hard, brittle, and easily broken down with the fingers. The other organs of the abdominal cavity were healthy. The head was not examined.

*Queries and Remarks.*—This woman was sold under a guarantee of soundness; under the circumstances, ought the seller or buyer to be the

loser? Did the tumor in the thorax have any influence in causing the death of the patient? If so, how much, and in what manner was this influence manifested or exerted? The woman was evidently unwell at the time of sale, and must have been so for weeks, if not months. Was this unsoundness immediately or remotely the cause of death; an exciting or predisposing cause of puerperal fever? These questions I shall leave unanswered for the present.

This was a case terminating more suddenly fatal, and passing through its different stages quicker, than is often noticed. The pathognomonic symptoms of the disease were more obscure and less appreciable before death than is commonly observed. I have thought the case worthy of being reported on account of its rapid progress to a fatal termination, the obscurity of its symptoms, and the medico-legal questions that may arise in the controversy that will probably ensue in court.—*New Orleans Medical Journal*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 3, 1845.

*Influence of Tobacco on Health*.—It is well known that two or three years since an investigation was made, by order of the French Government, into the effects of tobacco on the health of the workmen employed in the tobacco manufactories in France. The results of this investigation, tending to show that tobacco was in no ways hurtful to those who were exposed to it nearly their whole lives, have already been given in this Journal. The reports of the investigating committee were handed over to the Academy of Medicine, and a committee was appointed by the Academy to examine the whole subject. Instead of trusting altogether to the documents in their possession, this committee have examined anew the large Government manufactory in Paris, which gives employment to 1200 or 1300 people—the whole number of workpeople in the ten factories in France being about 6000. A very thorough investigation was made by this committee, every step being taken calculated to throw light on the subject, and a report has lately been made by them to the Academy. The results of the inquiry, as shown in this report, are somewhat different from those deduced from the former reports—the difference consisting principally in the Academy's committee finding that the human system continued to be operated on by the tobacco emanations after the initiatory symptoms had disappeared. It is stated that—

“All, or nearly all, workpeople, on their first admission to the manufactory, experience certain symptoms; cephalalgia, nausea, anorexia, insomnia, and often diarrhœa. Generally speaking, these symptoms disappear in the course of eight or fifteen days. With some they do not give way at all, in which case they are obliged to leave the manufactory. The symptoms are more marked in women than in men. When once they have ceased to manifest themselves, the workpeople seldom complain, and



are considered acclimated. In reality, however, they continue to experience the effects of the tobacco, as is proved by a change that takes place, in the course of time, in the color of the skin. It gradually assumes a peculiar grayish tinge, which may be said to occupy a medium between the paleness of chlorosis and that of other cachexiæ. This change does not usually take place in less than two years. It may be remedied, like chlorosis, by the preparations of iron, and appears to be owing to some modification that has taken place in the blood, under the prolonged influence of the tobacco. A fact, which seems to show that the blood is modified in these workpeople, is, that when it is abstracted it is seldom buffed, so that it would seem to be partially deprived of its fibrin. Plants (a rose-tree and a primrose) exposed to the emanations of the tobacco, in the work-rooms, died down to the roots, but new shoots sprang up, which seemed endowed with considerable vitality. It appeared as if, like man, they suffered at first from the action of tobacco, but subsequently became inured to it. An orange tree was not injured. Rabbits and birds remained a long while in rooms containing tobacco in a state of fermentation, without being, apparently, inconvenienced.

"From what precedes, it is evident, says the Committee, that the manufacture of tobacco is not a dangerous occupation; at the same time it cannot be considered innocuous. It exercises an evident influence over the health of those who are employed in its manufacture, both at first and at a subsequent period. These effects are, however, diminished by the extreme attention paid to the hygienic arrangements in the royal manufactories. It is impossible, at present, to give an opinion as to whether this kind of labor shortens life; first, from the continued change which is going on in the manufactories, and second, from the want of statistical documents. There are many old men to be found in them, some of whom have worked there from their youth. Most of them, however, seem to be laboring under asthma, or from shortness of breath.

"With reference to any beneficial influence which tobacco may exercise, the Committee state that the workpeople are by its action protected from, and cured of, rheumatic and neuralgic affections. It is also stated, that the manufacture of tobacco preserves them from intermittent fever, and probably from other epidemical diseases, such as dysentery, typhus, &c. Scabies is not met with, and other diseases of the skin are rare. As to phthisis, the Committee does not seem to adopt the views of those practitioners attached to the tobacco manufactories (five out of ten) who think that the tobacco exercises a decided preservative influence over the workpeople. Inquiries, however, are now going on, which will throw considerable light on this question."

An interesting debate on the whole subject has been elicited from the Academy by the Report of the Committee—one member having noticed asthmatic symptoms among the workmen in smaller tobacco establishments—and probably further facts will be brought to light, though a more favorable opportunity for investigation is rarely offered than was presented to the Committees of Paris.

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*Massachusetts Medical College.*—On the first Wednesday in November, the annual course of medical lectures in this well-established institution will commence. The present faculty have so long been identified with

the science of medicine in New England, that any observations upon the individual qualifications of the professors would be entirely superfluous. Their experience and long-tried faithful services are extensively acknowledged.

"Taking into view the amount of instruction given in this school," says the circular, "the splendid and extensive apparatus with which it is furnished, its connection with the numerous cases and operations with one of the best conducted hospitals in the United States, together with the general thorough acquisitions and high respectability of its graduates, it may be doubted whether any seminary in the country offers the means of a more complete professional education, than may be obtained in the Medical School of Boston."

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*Transactions of the Massachusetts Medical Society.*—Within a short time, Part IV. of Volume VII., being the Second Series, Volume III., Part IV. of these Transactions, has been distributed. It is admirably printed, on good paper, and with a type that does one's eyes good instead of harm, to look at. Dr. Walker's discourse on the treatment of compound and complicated fractures, occupies a large part of the present number. An appendix follows, that embraces all the proceedings of the Society at the last meeting, together with a catalogue of all the officers, the counsellors and censors of the different districts, &c., besides reports of committees, and such matters generally in relation to the doings of the association as must always be of interest to the members both in the city and country.

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*Philosophy of Medical Science.*—Reference was made in the Journal, some weeks since, to a review of Dr. Bartlett's work on the Philosophy of Medical Science, in the Southern Literary Messenger for June. Within a few days, through the kindness of some unknown correspondent, the No. containing the article alluded to, has come to hand, and thus an opportunity has been afforded for its perusal. In the notice referred to, we gave the name of Mr. J. S. Allan as that of the writer to whom the profession is indebted for a most brilliant, racy, and really admirable paper. Instead of confining himself strictly, however, to reviewing Dr. Bartlett in the way of pointing out excellences, and showing up faults, the Shenandoah critic (for report says he resides in that lovely valley) has produced a masterly dissertation on inductive philosophy. There is a freedom of style, a kind of flexibility in the sentences, that is altogether charming. One who writes so well, and so learnedly too, on the great powers of Lord Bacon, cannot be ignorant of the character and influences exerted on the reflecting part of mankind, by subsequent philosophers, through the period of two hundred years. We thank the gentleman for the entertainment and instruction he has afforded us individually, believing that others feel an equal degree of personal gratitude.

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*Missionary Hospital at Shanghai, China.*—Dr. Lockhart has furnished a few statistical facts illustrative of the immense value of hospitals to the Chinese. The last communication is under date of July 15th, 1844—more than a year ago, but none the less interesting to the philanthropist.

It is nearly time to have further particulars. For the rent of suitable buildings—all together called the Hospital—the Medical Missionary Society pay one half. "The number of individual patients," says Dr. L., "that have been attended to, down to the end of September, namely, during eight months, amounts to 8000 persons; many of these have come from the city and suburbs, but the chief part of them came a distance of several miles, from the towns and villages in its vicinity. Many also came from Soochow, Sangkiangfoo, Chin-Keangfoo, and various places along the banks of the Yang-tsze-Keang; and a few have come from Nanking. Indeed, as perhaps might be expected, the longer the work is carried on, the greater are the distances persons travel seeking for medical relief. Those who come from a great distance frequently join together and hire a boat, by which they travel, using it also as their lodging while they remain under treatment: fourteen persons came a few days ago, and at present there is a party of five respectable men living in the house who have come 200 miles. The average daily attendance is about 100, occasionally 140 or 150; besides these there are 20 patients living in the house, who, with their friends, the hospital servants and domestics, make an assemblage of between 30 and 40 every morning at family worship."

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*Medical College of Ohio.*—In March last, 47 gentlemen took the degree of Doctor in Medicine at this Institution. A prospectus for the next course of lectures has appeared, showing that ample and satisfactory preparations have been made for the coming season, which opens at Cincinnati the first Monday in November. Dr. Mussey, of the chair of Surgery, was in Boston last week. Dr. Locke, the professor of Chemistry, is much distinguished for his attainments in a department that should always command the respect of the medical profession.

"Cincinnati," says the Dean, "presents several prominent points of attraction to the student of medicine, who is earnestly devoted to the prosecution of his medical education. First, most abundant material for anatomical investigations is at hand during the winter. Second, the cheapness of living is unsurpassed in any of our larger towns. Third, the finest field for the study of practical medicine and surgery is presented in the large hospital, which, on an average, contains from 150 to 200 medical and surgical cases each day of the year. Over 1500 were treated within its wards during the past year."

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*Improvement of the Insane in England—Cretinism in Switzerland.*—A society for improving the condition of the insane was organized in London, in April, 1842, which has since offered premiums for dissertations. Twenty guineas were given for the best essay on the distinction between crime and insanity; and another of ten guineas for the best form of keeping cases of mental disorder. In 1844-5 a premium for the best essay on the pathology and treatment of puerperal insanity is to be given; and one for the second best on the same subject.

At Abendburg, near Interlachen, a Dr. Guggenbulh has established an institution for the cure and education of cretans—a deformed, imbecile class of beings in the valleys of Switzerland.



*Medical Distinction.*—A case of some small consequence in regard to the rights of a medical pretender, to collect fees for services, was recently tried in the Court of Common Pleas in Boston. The plaintiff, one Dr. Lambright, says the Boston Post, thus speaks of himself in a printed bill which he sends round the country :—"Dr. L. has *diplomas* from the emperors of France, Russia and Germany, where he has practised with unequalled success. He was for several years *head surgeon* in the French war under Napoleon Bonaparte, and also in America under Jackson"!!

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*Caledonia Springs, Canada.*—E. S. de Rottermund, Esq., Government Chemist, is now at these Springs prosecuting the analysis of the waters. His visit is in connection with the geological survey of the Province. From the experiments he has already made, he says that the waters are of a still more valuable character than indicated by the analysis formerly made by Dr. Chilton. Each spring he finds to possess a different medicinal power. One, is iodine; the second, saline-magnesia; and the third (and only one), contains sulphuretted-hydrogen gas. Hence it may be fairly inferred, that the Caledonia Springs consist of three distinct waters; and not of one, as might be supposed from the analysis of Dr. Chilton.

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*Braithwaite's Retrospect.*—No. 11 of this popular synopsis of discoveries and improvements in the medical sciences, embracing the time from January to July, 1845, is ready for the public. We are glad that Mr. Adee, of New York, the publisher, meets with substantial encouragement in the enterprise. Those who have become acquainted with the character of the Retrospect can properly appreciate the service he is doing the profession of this country by his re-prints.

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*West Feliciana Medical Society.*—A meeting of the practitioners of medicine and surgery was held at the Court House in St. Francisville, La., on the 14th of June, for the adoption of rules and regulations for a medical society. A committee, previously charged with the duty of digesting a plan of association, on this occasion made a report, which was adopted. On the subject of medical ethics, the second article makes provision for organizing a committee of honor, whose duty it shall be to receive applications for membership, take cognizance of professional conduct, &c. Article third regards etiquette, &c., and makes ample provision for keeping the peace, provided it should so happen, in the course of events, that any member encroaches upon the rights of others. A synopsis of this subject, by Dr. Cartwright, of Natchez, was introduced almost without alteration, as embodying all that was desirable in medical intercourse. The committee, who have acquitted themselves so satisfactorily in the report, were Drs. Samuel P. Jones, D. B. Gorham and P. B. McKelvey. The latter gentleman was elected President, and Dr. G. W. Prunelle, Recording Secretary.

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*New Hampshire Medical Society.*—The Fellows of the N. H. Medical Society held their fifty-fifth annual meeting in Concord on the 12th day

of June, 1845. The meeting was very fully attended. The President, Dr. Batchelder, of Marlborough, read a very able and interesting address on the Duties of Physicians. Dr. Peaslee, of Hanover, and Dr. Carr, of Goffstown, read each a well-written essay on subjects connected with medical science.

The following is a list of officers for the ensuing year:—Dixie Crosby, *President*; Peter P. Woodbury, *Vice President*; Charles P. Gage, *Secretary*; R. P. J. Tenney, *Treasurer*.

*Counsellors*.—N. Wight, E. K. Webster, J. W. Cowan, J. H. Smith, G. W. Twitchell, S. Cummings, A. O. Dickey, E. R. Peaslee, J. Crosby, T. Brown, J. Bartlett, E. B. Gale, F. P. Fitch, H. Eaton.

*Censors*.—H. Dickey, C. T. Berry, C. F. Elliot, P. A. Stackpole, E. B. Hammond, A. Smith, A. Twitchell, J. Batchelder, D. Crosby, M. C. Sawyer, D. Flanders, Z. Colburn, T. Bassitt, T. Brown.

*Corresponding Secretaries*.—J. C. Eastman, Hampstead; T. Wallace, Derry; J. Batchelder, Marlborough; E. R. Peaslee, Hanover; J. Crosby, Manchester; J. B. Abbott, Sanbornton; E. Spaulding, Nashua.

*Delegates to Hanover*.—J. G. Graves, T. Chadbourne.

*Orators for 1846*.—J. G. Graves, A. Smith.

*Substitutes*.—P. P. Woodbury, S. Cummings.

The following were elected Fellows, viz.: William Adams, M.D.; E. B. Hammond, M.D., Nashua; S. Sargent, M.D., Pittsfield; Jeremiah Gates, M.D., Concord; Campbell, M.D.; D. J. Hoyt, M.D., Manchester; H. E. Weymouth, M.D., Andover; B. H. Tripp, M.D., Concord; T. H. Currier, M.D., West Boscawen.

Edward E. Phelps, M.D., Oliver P. Hubbard, M.D., and Joseph Roby, M.D., Professors in Dartmouth College; and Samuel D. Gross, M.D., Professor in the Louisville Medical Institute, were elected honorary members.

The memorial of Dr. Isaac Tewksbury, of Hampstead, who was expelled at the last annual meeting, was indefinitely postponed.

*Mesmerism in Ohio*.—In the war of rival quackeries, I am sorry to find that therapeutic mesmerism has been "knocked down and dragged out." Whether it is dead or only in a state of somnambulism, I cannot say, and nobody seems to care. In fact, it appears to be forgotten. This is a great pity, and I hope some one of our mesmerizing readers will be able, by the force of his will, to rouse it into life and action, that it may again take its chance among the grosser charlatanries of the day. If not the least absurd, it is certainly the most harmless of the whole—the most spiritual—and the most auspicious to the tender relations, as it requires the doctor and the patient to be of opposite sexes. One might have thought that this requirement alone would have made it fashionable and preserved its life.—*Dr. Drake's Travelling Letters*.

*Whooping Cough*.—A correspondent at Ipswich says—Seeing some useful remarks by Mr. Waddington, in the *Lancet* for June 21st, on this distressing complaint among children, I beg to call his attention, as well as that of the profession generally, to the speedy relief afforded by the following simple remedy, viz., from fifteen to twenty drops of diluted sulphuric acid, P. L., mixed in a teaspoonful of moist sugar, taken three or four times a day. I sometimes prefer giving an ounce of this "elixir" in a

pint of water, with two ounces of simple syrup; the dose, a tablespoonful three or four times a day. This popular remedy has been found so useful here, during the last two or three years, as to be considered almost a specific. Permit me also to take the opportunity of calling the attention of the profession to the great utility of emetics, particularly sulphate of zinc, in all cases of *asphyxia*, or suspended animation, as well as in convulsions.—*London Lancet*.

*Periostic Tumor, the result of Stumps of Teeth remaining in the Jaw.* By H. C. VANDERPANT, Esq., Surgeon-dentist, London.—A few months ago, I had under my care a case of severe disease of the upper jaw, produced by caries of the fangs of teeth, which the patient had neglected to have extracted, from apprehension of the suffering. The patient was a female, aged 42. When I first saw her, the features were greatly distorted, the mouth pushed to one side, and her speech rendered imperfect, from a tumor as large as a moderate-sized orange, situated in the upper jaw, and which appeared to arise from expansion of the walls of the antrum. There was a considerable offensive discharge of sanious matter, and the tumor was exquisitely sensitive. From the size and hardness of the tumor, I at first thought it was a case of pure exostosis, but the result of treatment ultimately proved it to be one of periostosis. I first extracted the diseased fangs, and lanced freely the surface of the tumor. I continued to lance the gum over the tumor every third or fourth day, for some weeks, and the result was always a copious discharge of pus and blood. The size of the tumor gradually diminished under this treatment, the features regained their natural shape and expression, and her health, which had previously been impaired, began to steadily improve. After about two months of treatment she recovered thoroughly.—*Ibid*.

*Medical Miscellany.*—One officer and thirteen seamen of the U. S. Frigate Constitution, had died, at the last accounts, at Singapore.—Sarah Peachors died at Beaufort, N. C., at the age of 107.—A Bokhara worm, over three feet in length, has been extracted from the wrist of the Rev. Dr. Wolff, the intrepid traveller.—Hon. Daniel Waldo, late of Worcester, Ms., in his will, gave the Massachusetts General Hospital, in Boston, \$40,000; the Massachusetts Charitable Eye and Ear Infirmary, also in Boston, \$6,000.—Dr. Trowbridge, of Watertown, N. Y., has recently opened the bone, in two cases, and instantly relieved the deep-seated pain caused by an inflammation of the periosteum internum, in children, induced by bathing.

MARRIED,—Dr. John Osgood, of Saxonville, Mass., to Miss E. W. Whitney.—In Cummington, Mass., Dr. Charles E. Bartlett, of Pittsfield, to Miss Cordelia Kingman, of C.

DIED.—At Gerry, Va., Dr. Alexander Austin, 28, found dead in bed, from an overdose of landanum.

Number of deaths in Boston, for the week ending Aug. 30, 65.—Males, 32; Females, 33. Stillborn, 5. Of consumption, 3—disease of the bowels, 9—old age, 2—smallpox, 1—cholera infantum, 8—scrofula, 1—delirium tremens, 1—typhus fever, 4—diarrhœa, 1—infantile, 5—accidental, 2—cholera morbus, 1—hooping-cough, 3—dropsy on the brain, 3—canker, 2—inflammation on the brain, 1—paralysis, 1—inflammation on the lungs, 3—scarlet fever, 3—marasmus, 1—debility, 1—dropsy, 2—suicide, 1—worms, 1—convulsions, 2—mortification, 1—drowned, 2.

Under 5 years, 39—between 5 and 20 years, 5—between 20 and 60 years, 18—over 60 years, 3,



*Proceedings under the Vaccination Act in England.* (From the Poor-Law Commissioners' last Report.)—It was with regret that we perceived, last year, from the Registrar-General's Quarterly Tables of Mortality, that the deaths from smallpox continued on the increase, notwithstanding the extent to which vaccination was carried on throughout England and Wales.

Towards the end of the year we caused returns to be transmitted to us from the several unions and parishes, stating the numbers vaccinated during the year ending 29th September, 1844. We have since received returns from 542 unions and parishes.

The births in the 542 unions from which returns were received (after estimating the births for those unions the returns for which were imperfect) amounted to 452,000. Of the children born in 1842, about nine per cent. died under the age of three months. Assuming, therefore, that the ratio of deaths under that age in the 542 unions, during the year ended 29th September, 1844, was the same; 39,300 children died in that year *before* attaining the age at which vaccination is usually performed. This leaves 412,891 children to be vaccinated in the year. It appears that there were about 290,000 persons vaccinated by the public vaccinators, leaving only about 122,400 children to be vaccinated by private medical practitioners, and at public institutions.

Whenever we found that the births in any union greatly exceeded the numbers vaccinated, we requested the guardians to call the attention of the vaccinators to the subject, with a view to further extend vaccination in their districts; and where few or none had been vaccinated at the appointed stations, we suggested that the vaccinators should visit the poorer classes, for the purpose of vaccinating any unvaccinated children. We have also the satisfaction of learning, from the vaccinators, that although many of the more ignorant are still averse to their children being vaccinated (from the apprehension that other eruptive diseases may thereby be communicated to them), the prejudice does not now prevail to so great an extent as in previous years.

The public vaccinators return 3,954 cases of smallpox attended by them during the year, out of which they state that 1,283 were previously vaccinated.

Of the 290,000 persons vaccinated, the vaccinators returned 278,000 as successful; so that, of the total number vaccinated, only four per cent. proved unsuccessful.

The mortality from smallpox in England and Wales, during the years 1840, 1841, and 1842, was as follows:—1840, 10,434; 1841, 6,368; 1842, 2,715.

The fees paid to the public vaccinators in England and Wales, during the year ended 25th March, 1844, amounted to 16,694*l.*, being an increase of 675*l.* upon the amount paid in the previous year.

The Vaccination Act in Ireland, although not duly carried into effect by the guardians of many unions, has nevertheless obtained a wide and beneficial operation, which we trust is in course of gradual extension. The amount expended for vaccination, in the year ending 29th September, 1844, in all the unions in Ireland, exceeded 4,000*l.* The usual rate of payment was 1*s.* on each successful case, for the first 100 cases in the year; and 6*d.* on each successful case, for the remainder.

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DR. COALE'S PRIZE DISSERTATION ON FRACTURES.

[Concluded from page 95.]

*Constitutional and Local Treatment.*

WHERE such violence is inflicted as to fracture any bone, local trouble to greater or less extent supervenes, and where a bone the size of the femur is the subject of the injury, this trouble is not trifling. With it also there is consequent constitutional disturbance. Both of these demand our care, and frequently exercise our skill far more than the adaptation of a splint and the preservation of extension and counter-extension.

*Constitutional Treatment.*—Under this head all rules must necessarily be very general, and much must unavoidably depend upon the tact and judgment of the physician, rather than upon any indications or warnings that can be given him. We do not feel that it is required of us to give any directions, except those called for by conditions and emergencies proper and peculiar to fractures. We leave many things to that knowledge of general principles which the surgeon must have acquired long before he is qualified to take charge of a case of fracture, and without which much that we have already written must have but little perspicuity. We will therefore leave the collapse frequently caused by the severe nervous impression made by the injury, to be treated as all collapses should be—by properly directed and apportioned stimuli.

The simple febrile excitement does not require our attention further than to bring to mind one fact, viz., that when we use depletions in compound fractures we must remember the demand about to be made upon the recuperative powers, and with this in view we must carefully estimate how far depletives can be carried. As a general rule, not only the safest but most rational plan is to proceed slowly, using gentle and often repeated remedies rather than harsh ones. Venesection is in most cases of compound fracture required once, but a repetition should be avoided if possible, and recourse be had in preference to tartrate of antimony and nitrate of potash. These can generally be so managed as to be efficient without distressing our patient, and their effects can be more readily controlled or stopped entirely when circumstances require, whilst the prostration from loss of blood we well know is often the cause of the most distressing and dangerous features in the constitutional symptoms attending violent injuries.

Having allayed, by proper depletives, the febrile symptoms, there still frequently remains a nervous erethism, which though not of itself dan-

gerous, often becomes very troublesome, and indirectly tends to protract the confinement of our patient. It is evidenced by his being readily excited by trifles, depression of spirits, occasional chills, but unattended or followed by febrile symptoms—sleeplessness, or very light sleep with depressing dreams. Indirectly—the result of the moral impression—there may accompany this condition, anorexia, distinctive from that attending the febrile action.

In this state we must first assure ourselves that we are not restricting our patient too much in diet. Having ascertained that this is not the case, we must begin by opening the bowels thoroughly, but at the same time guard against prolonged purging, which would weaken the patient and confirm the very trouble which we were desirous of removing. As there is almost always attendant upon it more or less inactivity of the biliary secretions, indicated by a slight furring of the tongue and bad taste in the mouth in the morning, we shall serve two ends if we commence by the administration of eight grains of blue pill with one of opium at night. The next morning there may be already an effort of the bowels, or at least premonitory warnings of one, by the violence of which we must be governed as to the quantity of the aperient we feel permitted to exhibit. As a general rule, a simple Rochelle powder will answer all our purposes both as to kind and degree.

It is possible that such an aperient may effect all our object; but should it not, we must resort to sedatives—or, rather, as the French say, to “calmants.” Where it is sufficient, we prefer the simple decoction of hops, administered, not merely by the general direction “at bed-time,” but waiting *until the house is quiet*. To an old practitioner the value of this apparently over-nice distinction is at once evident. To one whose experience has not yet taught him this, we would only say that after the administration of an opiate,

“The calmest and most stillest night,  
With all appliances and means to boot,”

may make the difference between a visit of “Nature’s soft nurse,” refreshing and invigorating—and a night spent in anxious and exhausting excitement.

If the decoction of hops prove insufficient, recourse must be had to opium or its preparations. Of these we prefer McMunn’s elixir as it does not constipate, and with this we have been in the habit of combining the wine of ipecac., giving fifteen or twenty drops of the latter with a dose of the former, apportioned to the patient’s susceptibility—beginning, of course, with the smallest efficient quantity. We have thought that the wine of ipecac. lessens the exciting properties of the opium, and prevents the patient from feeling a corresponding depression and headache the next day. As an adjuvant to the opiates, if for nothing else, we may use sponging with warm water at bed-time, putting enough castile soap into the water to thoroughly soften it.

Having subdued the febrile and nervous excitement, there still remains a demand upon the surgeon’s care to prevent constipation, to regulate diet, and to attend to the personal cleanliness of the patient.



With regard to the bowels, it is not enough to feel that we can open them when we choose, and therefore suffer them to go without an evacuation for two or three days, and exhibit a purgative at the end of that time. We must try to *prevent*, not comfort ourselves with *curing*. We must try to imitate nature in the frequency and kind of evacuation. Diet properly managed may do all we want. Hasty pudding and molasses, stewed apples or other fruit, new cider—if all circumstances allow it—should be tried, though a drawback to their prolonged use is occasionally found in the flatulence they produce. If we resort to medicinal means, the saline purgatives in most cases should be avoided, as they merely evacuate but do not cure the costive tendency. Rhubarb we prefer, giving it either in powder or syrup, or letting the patient chew enough of the root every morning to produce the desired effect. His own experience and that of the physician must regulate the quantity to be administered. Next to rhubarb the freshly powdered senna will serve our purpose. This can be made into an extempore electuary with molasses, or put into a fig and chewed up. This latter method of its administration is most pleasant and agreeable, and one of which we have had much experience in cases of habitual constipation and hemorrhoids. Another form of administering senna is to make a strong decoction and then stew up some prunes in it. In both these forms the taste is scarcely perceived, and not sufficiently to offend even a delicate stomach. Beyond the above suggestions we leave the reader to his own knowledge of the material medica.

The personal conveniences for evacuating the bowels have been always a matter of some concern in treating fractures of the femur, and many of the fracture beds have been much extolled for the facilities they furnish in this particular; but our object is to suggest means at the command of every one. The old-fashioned bed pan has been our chief resource, but it is uncomfortable and difficult to use. A sheet with a hole in it, by which the patient can be lifted up bodily, has been suggested; but it requires more aid than can often be commanded. The best contrivance that we have seen is an India-rubber air cushion with a hole in the centre. Beneath this is placed a shallow pan of metal or earthen ware, the edges of which are protected by the cushion. These are readily introduced, and are very comfortable; they can, moreover, be procured when Earle's bed, and the dozen other contrivances, all excellent in their way but seldom seen except in print, would be entirely out of the question.

The result of both study and experience in diet is, that more must be left in this matter to the observation and judgment of the attending surgeon than in any other particular. In the first period of treatment, during the high febrile action, the diet of course should be rigid—we may say severe—particularly in compound fractures; but this period being passed, we have a somewhat narrow course to steer. While on the one hand, making allowance for the impairment of the assimilative functions by the inactivity of the patient, we must restrict him in diet, on the other we must be careful not to furnish less food than is sufficient to support nature

and give her material to accomplish the mending process—without which, an artificial joint and other complications might result.

As regards the *form* in which the food should be given, we would make this distinction. In chronic affections, where the tone of the stomach is lessened, we have always preferred giving it in a concentrated form—a cubic inch of beefsteak rather than a bowlful of sloppy broth. The stomach is not then distended, its juices are undiluted, and digestion is favored. With most cases of fracture we have a strong stomach to deal with—its functions almost wholly unaffected. It consequently has much craving which demands relief, and yet which it would not answer wholly to gratify; we must therefore cheat it, and this is best accomplished by largely-diluted aliment. Feed the patient upon bowlful of gruel, tea and toast, panada, tapioca, thin broth, &c. All these are “very filling,” and yet not exciting. In cases of protracted suppuration from compound fractures, our treatment must be different, and high seasoned and very nutritious diet, with an allowance of wine or tincture of bark, may be necessary, though this must be determined by him in attendance—further we cannot dictate.

The personal cleanliness of the patient scarcely becomes an object of surgical attention, except in prolonged cases of severe compound fracture, though it is always a matter of some care to renew the sheets beneath him, and keep the mattress in a comfortable condition. To effect these ends much may be done by a sensible nurse. The old story of the Hindoo thief may serve as a lesson. He engaged for a wager to steal the sheet from beneath a sleeping officer. He commenced by rolling it up very tightly until close to the person of the sleeper, whose distant side he then tickled with a straw, which made him turn over, off of the rolled-up edge. By similarly rolling up the sheet (but omitting the tickling process) we may remove it and replace it by like manœuvring with another.

We saw a very ingenious, efficient and simple machine some time since, which we think might be used more frequently than it is. It was invented by a mechanic of Pennsylvania (we believe) who had broken both thighs. It consists of a simple windlass beam of uniform diameter, supported at each end by an upright and long enough for one of the uprights to stand at the head and the other at the foot of the bedstead. These uprights had transverse feet sufficiently long to prevent the machine from upsetting, and furnished with large castors so as to wheel about readily. To the windlass were attached six or eight pieces of common girthing. When used, the whole affair is placed so that the windlass is directly over the patient. Each piece of girthing is then successively passed under him, and the end brought up to a buckle on the respective piece, where it is buckled tight enough to give it its proportion of the weight of the body. One piece thus supports the head, another the neck or shoulders, a third the chest, a fourth the waist, &c. By turning the windlass, which in order to gain power is done by the intervention of a pinion and crank, the person is raised without straining a single muscle or the slightest exertion on his part, so much so that we have seen a

patient in the last stage of confluent smallpox thus suspended with ease and comfort, whilst cleansing his bed from the discharge of a bed sore. The simplicity of the machine readily permits its being made upon emergency by any intelligent mechanic.

A very simple substitute for this, and one which ought to be adopted in all cases, is to suspend a line, rather larger in diameter than a clothes line, from the head to the foot of the bed, at such a height as to permit the patient to take hold of and raise himself by it.

*Local Treatment.*—As with constitutional, so with local treatment of fractures—but few if any implicit rules can be laid down. In all fractures, soon after the receipt of the injury there is more or less pain and swelling, indicating an inflammatory condition, and until this condition ceases there is no attempt at reparation; it is therefore our object to shorten its duration as much as possible. With this view, in fractures of the forearm and leg we prefer doing nothing more in the way of surgical appliance for the first few days than simply supporting the limb on pillows. In fractures of the femur, from the weight of the limb and its great immobility by every motion of the body, in most cases we are forced to use other means of steadying it; but although we may use a splint for this purpose, we need not concern ourselves about *setting* the bones until the local inflammation is subdued. Even the old writers perceived the benefit of such a course, and the observations of the most judicious of the modern writers testify to it. It is true that in the present day, when the right of private opinion is asserted by every one no matter how ignorant, we are sometimes forced by the folly of those we have to deal with, into making a pretence of setting the limb, and for their safety, into deluding them with the idea that we are doing much, whilst we are only waiting for Nature to pursue her excellent and seldom-failing work.

If the injury is limited to a simple fracture of the bone, a cloth kept wet with a mixture of equal parts of spirit and water will be sufficient to allay the inflammation, though if the pain be great we may combine with this either the tincture or infusion of opium. Leeches are rarely required except when severe contusion accompanies the fracture.

In compound and comminuted fractures and those from gunshot, our task is not so simple. Here a grave question immediately arises—can we save the limb? and it is of importance in every instance that we should answer this at once—for on the one hand by delaying, in hopes of avoiding an operation, we may find when too late that our patient's vital forces are not sufficient to repair the injury done; and on the other, we may unnecessarily deprive him of a limb. What rules have we, then, for directing us in so important a case? Few—those general, and none inviolable.

The extent of the injury would of course be the first consideration, yet we cannot define those effects an excess over which would make the removal of a limb imperative. The vital powers of the patient is the next item that concerns us, for what would be a trifling injury with one, would be a serious one with another of less ability to endure. Wounds of the arteries and implications of the joints much increase the



gravity of the affection. We can only state these principles, but make no closer application of them; and did we expatiate on them for pages, we would have at last to refer the question for decision to the judgment of the practitioner, influenced by them it is true, but still more affected by the study of the particular case. Our want of knowledge on this point is truly humiliating, for we almost daily hear of cases which put at defiance the judgment of the most aged and experienced of the profession, and thus become opprobria to our art. One occurs at this moment.

CASE.—A man received a kick of a horse upon the middle of his leg, causing a compound comminuted fracture of both bones, three inches of each of which were at once removed in small pieces from the bottom of the wound, a large, deep and extensively lacerated one. His habits were irregular and his constitution far from being good. His surgeon—a patriarch—said the limb must come off; he said he would die first. He took six ounces of bark and then a half bottle of port wine daily, and at the end of three months got well with a leg three and a half inches shorter than the other, but a leg of flesh and bone with a knee and ankle-joint, instead of a wooden one without. Here was a heavy charge set in the minds of the man and all his unprofessional friends to the debit of surgery. Yet we would have no right to use the case as a precedent, or avail ourselves of it as an infallible guide for the future.

Jno. Bell, in the edition of his surgery by Sir Charles, goes largely into the matter, but after all states nothing more than that if you can save a limb so as to be useful, without too much endangering life by exhaustion from constitutional irritation and profuse suppuration—*do it*. The qualification that the limb should be useful must be noted. The annual address for 1845 before the Mass. Medical Society, delivered by Dr. Walker, of Charlestown, was devoted to this subject, and contained the results of the great experience of the author. The tendency of his remarks was to show that limbs are frequently removed which might be saved.

Leaving the question, we will assume that the limb can be saved—how can we further such a happy termination? We must first support the limb carefully and thoroughly. If we can do this without splints, so much the better; and hair pillows judiciously arranged, and covered with India rubber cloth for the sake of cleanliness, will do well, but we consider the bran dressing suggested (we believe) by Dr. Hartshorne and used at the Pennsylvania Hospital for more than twenty years past, as far preferable. This consists in laying the limb in a long box or trough of proper size, containing common bran in which the limb is half imbedded. The bran furnishes a soft yet firm and equable support both for its under and lateral surfaces, in addition to which, it absorbs the discharge, and when befouled the offensive portion can be removed without the slightest derangement of the remainder or disturbance of the limb.

When the bone protrudes through the flesh, we must reduce it before placing the limb upon the pillow or in the bran; and to effect this, it may be necessary to subject it to considerable flexion or other movement at the point of fracture, in order to permit the bone to be drawn within

the skin in the same direction in which it was protruded. All such motions, it is needless to say, must be as gentle as possible. If such efforts as we deem justifiable are fruitless in consequence of spasm of the muscles, we must not be impatient, but put the patient under the influence of an opiate, and repeat our endeavors, when if they are still unsuccessful we may saw off the projecting bone, removing of course as little as possible. Should the bone be comminuted, the loose pieces must be cleansed away as well as the coagulated blood, pieces of clothing, dirt, and everything which would tend to irritate the part. Having reduced the wound to its simplest form and taken the requisite measures to arrest hemorrhage (not a common trouble), we must next furnish such local support as will keep the lacerated flaps in place. This is much better done by judiciously disposed compresses and bandages than by sutures, which can rarely be used to advantage in these injuries, as it is by second intention alone that reparation is effected. The bandage to be used is, without hesitation, that of Scultetus; its permitting any portion to be removed without disturbing the remainder or the limb, giving it an undeniable advantage.

The best material for the compresses is old linen—being preferable to patent lint, as it leaves no shreds sticking to the wound or entangled amongst the new and tender granulations.

Our next consideration is, what remedial applications shall be made to the wound. The most frequently and long used are warm poultices of Indian, rye, oat, flaxseed or slippery elm meal, and the objects and effects of these are too well known to require us to dwell upon them—nor do they differ in their action sufficiently to make us expatiate on the excellence of one over the others. We would only say, upon this last point, that the slippery elm is more bland than the others, and where there is much irritability it might be used in preference.

When mortification is threatened, we must substitute for the above the fermenting poultice, composed of equal parts of Indian meal and powdered charcoal, mixed with yeast or new beer. With all these poultices anodynes may be combined—the hop or poppy leaves mixed in or powdered opium sprinkled over the surface just before applying them: and, indeed, they may be made the vehicle of any medicament which circumstances require—such circumstances and the appropriate medication being too inconstant to require any more explicit detail here.

In applying a poultice it is a great object to keep it perfectly moist until it is replaced by a fresh one. With this object they are frequently made large and their weight becomes painful, besides which it presses the lacerated parts out of apposition. All this may be avoided by making the poultice small, and placing over it a piece of oiled silk, which prevents evaporation and retains the moisture.

About fourteen or fifteen years ago M. Josse, Surgeon of the Hotel Dieu at Amiens, suggested the use of cold running water as a dressing in the place of poultices, and Breschet made an application of this to compound fractures. We have looked carefully for late testimony bearing upon a remedy which originally was vaunted as far surpassing anything

before in use ; but our efforts have been fruitless. The cases of Breschet are few ; to these Rognetta adds three. Another writer, whose name does not now occur, and whose paper cannot at present be laid hold of, gives four cases of amputation in which it had been tried, but with death in all. Still, we do not mean to condemn it, but merely give our verdict upon the question of its excellence as "not proven."

During the application of the splints we must not be content with being told that they do not chafe or pain the patient, we must look at the points of pressure as well as we can without deranging the dressings, and if we find any irritation produced, new and softer compresses should be introduced and the parts bathed with warm spirit or the tincture of soap and opium—or if chafed, should be wet three or four times a day with a decoction of catechu. This is much better than an unctuous application, and tends to harden the surface.

J. Cloquet describes, under the name of "local scurvy," an affection which sometimes attends fractures during their treatment in persons having vital powers below par. This shows itself in blotches varying from a pale red to a deep purple, attended with some little edematous swelling. These appear in the neighborhood of the fracture and also at the extremity of the limb, evidently the effect of atony of the capillaries. Bathing with hot spirit and gentle frictions are the best topical remedies for these, and we must see if the allowance of diet cannot be increased with advantage or the food given be made more nourishing.

Our care does not properly cease with the healing of the lacerations, the knitting of the bone and the removal of the splints. After these are accomplished there is frequently much tenderness and pain in the limb, or at least in parts of it, mostly around the joint, and a stiffness of the muscles and coldness of the extremity, particularly in old persons—which it takes months to remove. As remedies for the first of these, may be used gentle frictions, either with the bare hand alone or with the tincture of soap and opium. For the stiffness and coldness the same remedies may suffice, and in addition to these we may use—exercise, both passive and active, kneading and pinching the muscles (as the French call it "massage"), and bathing. Bathing may be used either by sponging, the douche, or by immersion. Sponging is best where the health is delicate and re-action difficult to bring on, or where we fear the effect of too violent re-action. Between the two other methods of applying a bath, our choice would rather be a consideration of comfort and convenience than a preference as a remedial agent ; or if there is a difference, it is that the shock is greater from the douche. The water must be tempered according to the powers of the patient, depressing its temperature only to such a degree as will permit ready re-action.

In cases of great rigidity, if we are very certain that proper union has taken place and that there is no other lesion, it may be necessary to subject the joint to violent passive motion, bending and extending it forcibly even though productive of pain to the patient. Any irritation so caused may be generally readily allayed by frictions.

Sometimes it may be necessary, in consequence of its lessened vitality



and depressed temperature, during the first month or two, for the patient to wear thicker clothing upon the limb; but this can seldom happen except with very aged persons.

We need scarcely add that in all locomotion for the first three weeks, crutches should be used, gradually transferring the weight from these to the lately injured limb, and accustoming its muscles to their former functions.

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In the Dictionnaire de Medecine, in thirty-two volumes, the subject is treated of under the heading "Cuisse," v. 9, by J. Cloquet and A. Bérard. To the article is appended a very copious bibliography by Dezeimeris. Of course it would be unnecessary to copy these bibliographies, but in our researches we met with much that was interesting with regard to the pathology and treatment of fractures of the thigh, and we therefore have concluded to give a reference to such articles as, from their being contained in periodicals or other collectanea of miscellaneous medical matter, might not very readily come under the eye of the reader.

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Infrequent Dressings in Comp. Fr.—Larrey, Jour. Complementaire. Jan. 1825—reviewed in Med. Chirurg. Rev., July, 1825, and in the same Journ. for Jan. 1832.

- Machine for Transporting.—De la Faye, *Mémoires de l'Acad. Roy. de Chirurg.* v. ii. p. 282.
- Mayor's Method of Treating.—Reviewed in *Bull. Gen. de Therapeutique*, 1832, by Tavernier—also in *Gaz. Medicale de Paris*, Jan. 5th, 1833.—Letter of Dr. Munaret to Mayor, *Gaz. Med. de Paris*, July 11th, 1835.
- Earle on Fr.—Reviewed in *Med. Chirurg. Rev.*, Jan., 1824.
- Laugier's New Apparat. for Infer. Limbs.—*Archives Gen. de Medecine*, March, 1833.
- D'Arbent on Treatment of Fr.—*Bull. Gen. de Therap.*, March, 1833.  
—Also same No., another Essay—anonymous.
- Cold Affusion in.—Rognetta, *Bull. Gen. de Therap.*, April, 1834.
- Observations on Treatment of Leg and Arm.—Beaumont, Reviewed in *Med. Chirurg. Rev.*, Jan., 1832.
- Immovable Apparatus.—Hippolyte Larrey's Paper on, *La Lancette Française*, 1832.—Bérard upon, *Archiv. Gen. de Med.*, June, 1833.  
—Bérard's Remarks continued in *Archiv. Gen. de Med.*, Nov., 1833.  
—Results of, at Hotel Dieu de Paris—Rognetta, *Gaz. Medicale de Paris*, Avril, 1834.—Answer of Rognetta to Questions as to Failure of, *Ibid.*, Oct., 1834.—Seutin on, *Bull. Med. de Belge*, v. i. p. 83.—Seutia, Clinical Remarks at Dublin, *Dub. Jour. of Med. Sci.*, Nov., 1842.—*Am. Jour. of Med. Sci.*, July, 1843.—Applicat. of Oil Varnish to, Tavignot *L'Examineur Med.*, Aug., 1841.
- Plaster Moulds.—Dieffenbach, *Med. Chir. Rev.*, April, 1834.

#### *Fractures of the Femur—Pathology.*

- Effects of Contre Coup.—Bazille, *Prix de l'Acad. Roy. de Chir.*, v. iv.
- Sabatier's Essay.—*Mem. de l'Acad. Roy. de Chir.*, v. iv. p. 115.
- Fract. at age of 89, with Union.—*Lond. Lan.*, Jan. 1843.
- In a Fract. unassisted by art the shortening was four inches, Dr. Stratton, *Edin. Jour.*, Oct.—*Lond. Lancet*, Dec., 1842. We saw a case in which it was one inch.
- Bony Union in Fract. of Neck.—Tilanus showed Robert Hamilton three specimens in the Museum of Amsterdam, *Lond. Med. Gaz.*, Jan., 1843.—Case by Fawdington, *Lond. Med. Gaz.*, Sept., 1834.—Lisfranc and Richerand said they had seen bony union.—Larrey said that extension lessened the chance of consolidation.—*Acad. Royale*, sitting of Nov. 28th, 1826, detailed in *Archiv. Gen. de Med.*, Dec., 1826.—Discussion renewed Aug. 16th, 1827, see *Archiv. Gen. de Med.*, v. xv. p. 129.—Case and Specimen with remarks by Larrey, Devergie and others, *Archiv. Gen. de Med.* v. xv. p. 467.—Lisfranc at sitting of Dec. 10th, presented a specimen, at 70, *Archiv. Gen.*, v. xvi. p. 109.—Dr. Brulatour relates a case, *Archiv. Gen.* v. xvii. p. 74.—Walter Jones gives a case at 80, *Med. Chirurg. Transact.*, v. vi. New Series.—Bransby Cooper denies it utterly, *Lond. Lancet*, March 19th, 1842.—Case at 18—Stanley, *Med. Chir. Transact.* v. xviii. part 1st.
- Incomplete Fracture of Femur.—In an old man—Debron, *Archiv. Gen. de Med.*, Dec., 1843.—Incom. Fr. of Neck—Adams, *Gaz. Med. de*

Paris, Oct. 15th, 1835.—Tournel on, *Archiv. Gen. de Med.*, May, 1837.—King on, *Guy's Hospital Reports*, Oct., 1844.

Essay on Pathology of Fracture of Neck.—Hargrave, *Dublin Med. Press*, April, 1843. He directs attention particularly to preventing the absorption of the neck.—Robert William Smith on Pathology and Diagnosis, *Dublin Med. Jour.*, Sept., 1840. A most interesting and elaborate paper, detailing forty-two cases of great variety, and illustrated by as many wood cuts.—Another essay by the same, in No. 17 of same Journal, given in *Archiv. Gen. de Med.*, Jan., 1835.—Another in the *Dub. Jour. of Med. and Chem. Science*, Nov., 1834.

Guthrie's view in *Med. Chirurg. Transact.* v. xiii., p. 1, reviewed in *Med. Chirurg. Rev.*, April, 1826.

Notable Cases.—Double Frac., diagnos. difficult, *Edin. Med. and Surg. Jour.*, April, 1833.—Rupture of callus 8 years after union, *Sanson, La Lancette Fran.*, April, 1834.—By convulsions after dose of *nux vomica*, man aged 58, *Nollet, Arch. Gen.*, v. 13th, 1827.—Frac. extending into knee, *Davidson, Arch. Gen.*, March, 1838.—Two cases of spontaneous fr., *Twogood, Provin. Med. Jour.*, July, 1842.—Fr. by muscular contraction in a scrofulous soldier, *Amer. Journ. Med. Sciences*, Oct., 1842.—Fr. causing aneurism of the femoral artery, *Brainard, Amer. Journ. of Med. Sciences*, Oct., 1843.—Fr. accompanied by dislocation, *Lon. & Edin. Mon. Jour. of Med. Scien.*, Dec., 1843.—*Amer. Jour. of Med. Scien.*, Jan., 1844.—Case which died 16 days after injury, *Dub. Med. Press*, May, 1844.

Fracture of Condyles.—Observations by *Gerdy, Arch. Gen. de Med.*, Feb., 1835.—*Mem. of Jules Fontanelle, ibid.*, v. 8, p. 267, 1825.

#### *Treatment of Fractures of the Femur.*

In Children.—*Beyber, Arch. Med. du Strasburg, Gaz. Med. de Paris*, Aug. 1835.

By modified Immoveable Appar.—*Lassis, Gaz. Med. de Paris*, 1832.

Remarks on permanent Extension.—*Rognetta, Transactions Med. Journ. de Med. Prac.*, March, 1833.

Cases treated by Mayor's plan.—*La Lancette Fran.*, Feb., 1834.

*N. R. Smith's Treat.*—*Baltimore Med. and Surg. Jour.*, Oct., 1834.

Of Neck, treated by Suspens.—*Gaz. Med. de Paris*, Dec., 1834.

*Velpeau* on new mode.—*La Lancette Fran.*, March, 1835.

*Velpeau* on treat. of Fr. of Neck by walking about.—*Jour. de Connaissances Medicales*, with cases, June, 1835.

New mode of Extension, anonymous.—Same *Jour.*, Sept., 1835.

*Bonnet's* Remarks upon Treatment by Flexion.—*Gaz. Med. de Paris*, No. 39 et suivant.

*Belloq's* Essay.—*Memoire de l'Acad. Roy. de Chir.* v. 3, p. 258.

*Colles* upon.—Reviewed in *Med. Chir. Review*, Dec., 1820.

#### *Fractures of the Neck Treated.*

*Guyot*, new Apparatus.—*Annales de la Med. Physiology*, Dec., 1833.

A new bed for.—*Arch. Gen. de Med.*, v. 14, p. 370.



Gresley's method, described at sitting of l'Acad. Roy. de Med., April 13th, 1830—*Arch. Gen. de Med.*, v. 22, p. 568.—Report upon favorable, *ibid.*, v. 23, p. 589.

Gresley's and other methods examined by Velpeau, *Arch. Gen. de Med.*, v. 29, p. 509.

*Addenda.*

Impaction of the Neck.—Roberts on, *Arch. Gen. de Med.*, Aug., 1844.

Fracture of Neck simulated by fr. of cotyloid cavity.—McTyer, in *Glasgow-Med. Journ.*, Feb., 1831.

Shortening of the Neck.—Gulliver, *Med. Chir. Review*, April, 1839.

EXTRACT OF INDIAN HEMP.

[It is not probable that the following note to the editor was intended for publication, but as the benevolent writer has expressed himself in a way to interest the profession, we have taken the liberty to publish it. In order to give the article referred to the fairest kind of trial, the case containing the extract is placed in the publishing office of the Journal, where practitioners may be furnished with parcels to experiment with, free of expense. We enjoin it upon those who avail themselves of Dr. Wigglesworth's kindness, to furnish a report of their success in administering the new medicine.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Accompanying this you will find one pound of the resinous extract of Indian hemp (*Cannabis Indica*), which I recently received from Calcutta, the claims of which to the notice of the profession have been so warmly urged by Dr. O'Shaughnessy of that place. He finds it to allay spasmodic action and pain, even the most violent paroxysms of neuralgia; to increase wonderfully the appetite and digestion; to procure sound and refreshing sleep, and a more pleasurable state of mental exaltation than that produced by any of the forms of opium, followed by no constipation, sickness, depression or other re-action.

I have found it a very powerful agent in relieving pain, but do not feel justified in applying to it all the encomiums bestowed by Dr. O'S. My opportunities for trying it, however, have been limited, and (as, owing to ill health, I am obliged to relinquish practice) will for the future be more so. I would therefore beg the favor of you to use the sample which I send you, or to give it to such of the profession as may wish to make trial of its effects, and should you deem the results worthy of notice, to make them public through the pages of your Journal.

I am, with much respect, your ob't serv't, SAMUEL WIGGLESWORTH.  
*Boston, August 28, 1845.*

P. S.—I have found five or six grain doses necessary to produce any strongly-marked effects. It is best exhibited in solution or suspension in some vinous or alcoholic liquid.

S. W.

## SUDDEN BIRTHS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On looking over the Medical and Surgical Journal last evening, I was much interested in the cases related under the head of "On a Source of Error in Supposed Infanticide," having had a similar case myself. On June 17th, 1841, I was hastily called to the wife of a merchant, residing about 20 rods distant, who was at the time in labor with her second child. She was about her work as usual in the morning, without any monitions of approaching labor; when suddenly she was taken with violent pain. In three or four minutes from the time her pains commenced, I was by her side. I found her in her bedroom, holding on to the bedpost, and in less than eight minutes she was delivered of a large healthy boy weighing eight pounds. The pains did not abate from the commencement to the time of delivery, nor were we able to get her upon the bed till after the child was born. There was no more flooding than usual, and both mother and child did well.

Last night, just after I had retired to rest, I was hastily called to visit a patient, Mrs. M. D., about  $4\frac{1}{2}$  miles distant, in labor, or rather just delivered, but, as the messenger said, in a frightful condition. The house is half a mile from any other, and Mr. D. was absent. Mrs. D., who was alone in the house, stepped out at the door just at dark, when she was taken with labor pains with her second child. She succeeded in getting into the door, and just at that moment the child was forcibly expelled upon the floor, within one and a half minute from the time she was taken. The cord was long, so that it was not broken by the falling of the child. She commenced flowing profusely, which frightened her very much. She immediately seized the cord and broke it in two places, and succeeded in passing through that room and entry into her bedroom, where she was found in a few minutes by a small boy sent there of an errand, and he summoned the neighbors. They found the child lying upon the floor where it was born, and the mother on the bed quite exhausted. I arrived in about one hour and a half from her delivery, and found her in great distress, with faintness. By feeding freely upon brandy and morphine, she soon rallied and became quiet. To-day I found both mother and child doing well. The mother is a small woman, weighs about 112 pounds; the child 8 pounds.

Yours truly,

*Wrentham, Aug. 29th, 1845.*

L. B. LARKIN.

### CONGENITAL HYDROCEPHALUS OF TWO YEARS' DURATION, SUCCESSFULLY TREATED.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of Kemper College, St. Louis.

IN May last, I was requested to visit David Crankshaw, who was born in Stockport, England, May 21st, 1843. His mother communicated to me the following facts in relation to his case:—His head, at birth, was unusually large, and the fontanelles and sutures very widely separated,

the membranous portions being quite protuberant, and imparting the sensation of fluctuation. The above conditions had existed from birth up to the time of my visit, and he had had frequent convulsions and occasional paralysis. She stated that the physicians whom she consulted in England pronounced the case to be dropsy of the brain, and were of the opinion that he could not live. The following was his condition when I saw him. His head was of monstrous size; the fontanelles were very large, the anterior being at least three inches in diameter, and occupied by a large fluctuating tumor that was elevated about an inch above the level of the cranium, and which appeared to depend not only on fluid in the lateral ventricles, but also on the surface of the brain, as compression with the hand, evidently, very greatly oppressed the brain. The sagittal suture was widely open, and all the bones of the head were quite movable and compressible. His neck was very remarkably emaciated and slender; so much so, that the weighty head could only be sustained by the shoulder on which it constantly leaned. Chronic diarrhœa also existed, associated with general emaciation, especially of the inferior extremities—tumid abdomen, and irritative fever. He presented, indeed, the most prominent symptoms of marasmus, in connection with the hydrocephalic condition.

The following is an *outline* of the treatment I pursued. With the view of improving the secretions, and restraining the bowels, I administered the following combination: R. hydrarg. c. creta, ʒ ss.; pulv. Doveri, grs. xv., made into twelve powders, of which one was given every sixth hour. During the use of the above it became necessary to give mild aperients, occasionally, to relieve the torpor of the bowels. With the view of promoting the absorption of the fluid in the brain, and, at the same time, of improving the general constitution, I administered the following solution: R. Hydriod. potassæ, ʒ ss.; aq. distil. ʒ ij.; a teaspoonful thrice daily. I also applied a blister to the nucha, and directed frequent affusion of cold water over the head. This course, with but slight variation, was continued for about six weeks, and the result was highly gratifying; the secretions rapidly improved; the irritative fever gradually yielded; the head, day by day, diminished in size; the fontanelles became gradually reduced to a natural size; the convulsions did not recur after I saw him; and the little boy, having gained flesh, strength and complexion, left St. Louis, a few days ago, apparently perfectly well.

My great reliance in the treatment of the above interesting case, was the hydriodate of potassa; and my object in communicating it to the profession is, to contribute *additional* testimony of the very great value of iodine and its preparations, hoping that some *inexperienced* or *prejudiced* reader, who may think it safest to pursue the old beaten track of therapeutics, may profit by it.—*Missouri Medical Journal*.

Dr. Fioravante has successfully employed blisters to the heels in the treatment of sciatica. The epidermis was first softened, and then removed, and the suppuration was kept up for some time in chronic cases.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 10, 1845.
 

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*Anatomy and Diseases of the Breast.*—Sir Astley Cooper was not only a profound thinker on surgery and a skilful operator, but accomplished a large amount of literary labor. His works on Hernia, on the Structure and Diseases of the Testis and Thymus Glands, on Fractures and Dislocations of the Joints, together with his Lectures on Surgery, edited by Tyrrell, constitute a series of no ordinary character. A large and elegant volume has just come from the press of Messrs. Lea & Blanchard, of Philadelphia, made up of papers, from the writings of that eminent operator. The size corresponds with the illustrated works of the author, having plates, reduced in dimensions, but very carefully executed.

The volume commences with the anatomy of the breast; then follows its diseases, traced through all obscurities, and made plain even to a student. Next, a variety of articles, extracted from the journals of the day, hospital reports, &c., commencing as far back as 1798. This is an outline, only, of the plan of this large book, every page of which is intrinsically valuable. On the completion of this work of Sir Astley's, those who are ambitious of possessing all the high authorities on surgery, will certainly avail themselves of the whole of his works, now uniform in the style of typography, in the paper, and binding. This, with those that have preceded it, may be had in Boston, at the store of Messrs. Ticknor & Co., whose collection, at the present time, is both extensive and choice in all departments of medicine and surgery.

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*Principles of Tokology and Embryology.*—This is modestly called an elementary treatise; but no one at all familiar with the subjects discussed would think of giving it a second rate place among works on midwifery. A history of the book is simply this:—It is a translation from the French of A. A. L. M. Velpeau, by Charles D. Meigs, of the chair of Obstetrics in the Jefferson Medical College. This is also the third American edition, with notes and additions by William Harris, M.D., a lecturer of approved reputation on the subjects embraced in the volume. Thus, from being a book of acknowledged merit in a foreign language, it has undergone a series of improvements under the vigilant supervision of men familiar with the branch of practice to which it is exclusively devoted, and the presumption is, therefore, with such an array of names on the title-page, that it carries its own recommendation boldly and fully on its front.

After the anatomical description of the pelvic region, there follows a description of a malformed pelvis, and then a full explanation of all the organs connected with the function of reproduction. Next the office of each and the concurrent function of the whole group. The author then traces the history of gestation, and from one page to another, through a series of well-arranged articles, leaves no topic untouched in the broad domain before him. At the fifth chapter, commence distinct articles on labor, the causes, precursory signs, first stage, &c.; various forms of pre-

sentation; the conduct of the accoucheur; diagnosis; to determine the position, and prognosis. Dystocia and its varieties and modifications, occupy three sections of an important chapter. At the fourth chapter obstetric operations are brought under consideration, and the volume closes when every inch of ground has been carefully surveyed. The work is published by Lindsay & Blakiston, Philadelphia.

*Diseases of the Sexual Organs.*—We alluded to the proof sheets, some weeks since, of the treatise on these diseases by Dr. Dixon, of New York. The work is now in the hands of the trade. It was a part of the author's design to construct a scientific treatise, but for popular as well as professional reading. In this, we apprehend, he will ultimately discover that he has made a mistake. The great public can hardly be expected to understand that portion of the text which is necessarily technical; and a physician would loathe the pap which in such cases must be introduced here and there for the world's people. However, Dr. Dixon has managed exceedingly well, in mixing up the various ingredients composing the different chapters: and in securing attention to every page in the volume—an art that only a few writers on medical topics possess.

A commendable trait in this work, is an active determination to expose the quackery that stalks through the land, in the treatment of these diseases. In this branch of business alone, thousands upon thousands practise the vilest system of knavery, especially in all large cities, under the respectable garb of medical practice. Both men and women, known and unknown to local fame, actually riot on the public health, by pretending to cure these special maladies by special means. Dr. Dixon fires into the whole herd at the first shot, but it is by no means certain that he will effect any revolution. We like his decided efforts, though they may prove ineffectual. The fact is, physicians are not the men best calculated for altering the public sentiment on such a subject. The more ignorant people are, the more obstinate; and when ignorance and fear are acting in concert, all the medical colleges in the world could not influence a patient of this description so effectually as a quack of his own calibre.

There is something original in Dr. Dixon's dedication—"To the intelligent and conscientious men who believe in the propriety of a single board of State Censors, to be elected without nomination, and therefore without fear or favor," &c. Perhaps we do not understand the medical politics of the Empire State, and therefore it would be wasting labor to hazard an opinion upon this point. Those who covet the name of philanthropist are seldom willing to allow they are prompted by selfish motives in any act that has reference to mankind; but Dr. Dixon declares at the outset that his motive is self-interest. This is honest, and we hope he will realize a handsome income from the sale of his book, whilst those who study his investigations may also be gainers.

Appended to the volume, are drawings of two instruments, heretofore described, and invented by Dr. D., which are of much more importance, we apprehend, than may yet have been supposed—one, the speculum vaginæ, and the other called the polypus ligator. The latter is for the purpose of placing ligatures around tumors in the uterus, and is a simple contrivance—a mere bent wire, something in the form of sugar tongs, but well adapted for the purpose. Simplicity in the construction of sur-

gical instruments should always pass for a recommendation. In the case of this instrument, however, it is quite possible that its peculiar simplicity has actually operated against its general use. In showing the speculum to a celebrated surgeon of this city, we recollect he observed that the folds of the vagina would be likely to fall down between the bars of the wire tube, and obstruct the view into the interior. He therefore gave a preference to the perfect tube, rather than one made up of a series of parallel rods, brazed to the periphery of a ring, as in Dr. Dixon's invention. On trial, however, this may not be found an objection.

To return to the book. The articles on sarcocele, hydrocele, hydrocele of the cord, encysted hydrocele of the cord, anasarcaous hydrocele, malignant diseases of the testicle, and varicocele, are the best portions, and may be consulted with confidence.

In Boston, copies are to be found at Redding & Co.'s, State street.

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*A Missionary Physician wanted.*—In looking over the last missionary intelligence from the Sandwich Islands, it is noticed that a physician is very much needed at the Lahaina station. "The committee," says the Missionary Herald for September, "are pained to say that they have but one physician upon their list of candidates for missionary employment at the present time, and none have been appointed since the announcement in June, 1844." There are several stations at which competent physicians would have full scope for their benevolent exertions. At Madura urgent appeals have been made for a medical adviser; but the committee cannot yet obtain one. These missionary stations in foreign countries, under the patronage of the Society, present extraordinary opportunities for doing good, aside from the advantages accruing to the person who enters upon the duties. A few young physicians, possessing the proper qualifications, would find themselves in a position, should they enter upon the service, for achieving much in the countries in which they might be located, both for suffering humanity, and in contributing to the spread of the benign influences of christianity.

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*Beautiful Instruments.*—Mr. Jos. Burnett, apothecary, of this city, Mr. Metcalf's successor, has just received from Paris, as may be seen by his advertisement, some very highly finished articles of surgical cutlery, manufactured by the well-known Charrière, rue de l'Ecole de Médecine à Paris—a famous calling-place for American students while staying in that city. Some of the pocket-cases are uncommonly elegant, compact, and useful for every day business. The exploring needles and compound catheters are admirable. Partial as we are to home-made things, it would be unpardonable not to remind medical gentlemen of this recent importation.

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*Rush Medical College.*—Some account of this newly-organized institution, located at Chicago, Illinois, was given last season. It is only necessary to remark, that since that period excellent accommodations have been provided, and the prospects are of a very encouraging character. A new circular has been sent abroad, which evinces not only the enterprise of the Faculty, but the great advantages accruing to students in the far West, by attending lectures at the Rush Medical College.



*Public Sympathy for a Physician.*—It seems, that from some cause, unknown to us, Dr. S. J. W. Tabor, of Shelburne Falls, Mass., well known for his medical researches, and who lately suffered the loss of his wife by death, is about leaving the practice of medicine. A public meeting having been called, the following complimentary resolutions were passed.

“*Resolved*, That we sincerely sympathize with Dr. Tabor in his recent bereavement, and that we deeply regret the necessity which compels him to abandon the medical profession, thus depriving us of his valuable services as a physician.

“*Resolved*, That we have the highest respect for Dr. Tabor as a citizen, that we have undiminished confidence in his ability and integrity, and that he shall ever have our best wishes for his welfare and prosperity.”

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*Medical Degrees in Connecticut.*—At the late commencement at Yale College, the degree of M.D. was conferred upon the following gentlemen, viz., James Austin, Gardner Barlow, E. M. Beardsley, J. E. Clark, R. W. Forbes, B. M. Fowler, H. H. Loomis, Wm. H. Russell, J. H. Thompson, E. G. Ufford, E. T. Winter.

The honorary degree of M.D. was conferred on Benjamin Rogers, George Blackman, Orrin Witter, R. A. Manwaring, S. S. Noyes, T. P. Wattles, G. H. St. John.

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*Manufacture of Calomel in Philadelphia.*—The U. S. Gazette says that one house in Philadelphia has prepared and sold, within the last three years, 17,000 pounds of calomel. The consumer pays the apothecary for the medicine, at prices varying from \$50 to \$500 per pound. Putting the above quantity at only \$60, it would appear that the price paid for it has exceeded a million of dollars. It is supposed that the quantity manufactured by other houses is at least six times as much. If so, the cost of calomel in Philadelphia in three years, has been \$6,000,000, or an average of 2,000,000 per annum. Probably this estimate is greatly exaggerated.

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*Lexington, Ky., Medical Library.*—There are in this collection over 1200 volumes on Practical Medicine, nearly 1000 on Anatomy and Surgery, 700 on the Institutes of Medicine and Medical Jurisprudence, over 400 on Obstetrics and the Diseases of Women and Children, about 600 on Chemistry, between 300 and 400 on Materia Medica and Therapeutics. The residue of this extensive and valuable library is composed of works on the several departments of natural history, of periodicals, and miscellaneous scientific works, ancient and modern, making in all, over 7000 volumes.

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*National Vaccine Establishment.*—During the last year, the National Vaccine Institution has supplied one hundred and seventy-five thousand three hundred and sixty-two charges of lymph, and met the demands contained in the letters of five thousand eight hundred and forty-five correspondents, the majority of whom required lymph, not only for their individual service, but for that of extensive distribution, thus multiplying, to an indefinite extent, the benefits disseminated by this national institution.—*London Lancet.*

*The Italian Scientific Congress.*—The seventh Italian scientific congress will take place at Naples. It will open on the 20th of September, and close on the 5th of October, under the presidency of Antonio Spinelli. The king of Naples, it is said, takes great interest in the intended scientific reunion, and great preparations are to be made in order to give a brilliant reception to the litterati who are expected to attend.—*Ibid.*

*Medical Miscellany.*—Dr. Crump, Charge des Affaires to Chili, lately sailed for Valparaiso in the Portsmouth. The doctor's health had very much improved.—Dr. Jarvis, of Connecticut, the inventor of a surgical instrument called the *adjuster*, has been rewarded, by the Society Arts, in England, with a gold medal, valued at £15 sterling.—The Marionite monks of Syria are not allowed to taste of meat, or to smoke tobacco; they eat fish, however, and take snuff.—Dr. R. Semple, one of the California delegation from St. Louis, is said to be six feet and eight inches tall.—A lad in New Brunswick died after an illness of forty-eight hours, from the effect of having eaten a quantity of dried apples at one time, and shortly afterwards drinking beer on them, which created fermentation, and produced a most unnatural swelling in his stomach, and stoppage of the intestinal canal.

To CORRESPONDENTS.—Dr. Wallace's paper on Febrile Diseases is on file for publication.

MARRIED.—At Keene, N. H., Seneca Carter, M.D., of Weston, Vt., to Miss A. Carpenter.

DIED.—At Berlin, Vt., Dr. Thomas Bailey, 34.—At Helensville, Canada, Dr. John Geo. Bridges.

Number of deaths in Boston, for the week ending Sept. 6, 73.—Males, 33; Females, 40. Stillborn, 4. Of consumption, 10—disease of the bowels, 16—dropsy on the brain, 7—cholera infantum, 5—old age, 2—lung fever, 1—dropsy, 5—disease of the liver, 1—scarlet fever, 6—infantile, 5—hooping-cough, 1—typhus fever, 3—teething, 2—inflammation on the lungs, 2—canker, 1—cholera morbus, 1—accidental, 1—disease of the heart, 1—marasmus, 1—inflammation on the brain, 1—brain fever, 1. Under 5 years, 43—between 5 and 20 years, 7—between 20 and 60 years, 18—over 60 years, 5.

#### REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| August. | Therm.        | Barometer.          | Wind. | August. | Therm.        | Barometer.          | Wind. |
|---------|---------------|---------------------|-------|---------|---------------|---------------------|-------|
| 1       | from 67 to 78 | from 29.49 to 29.60 | S W   | 17      | from 56 to 82 | from 29.51 to 29.56 | N E   |
| 2       | 60 79         | 29.65 29.66         | S W   | 18      | 66 74         | 29.46 29.51         | S E   |
| 3       | 62 80         | 29.60 29.61         | S W   | 19      | 61 86         | 29.45 29.47         | S E   |
| 4       | 58 83         | 29.54 29.60         | W     | 20      | 61 83         | 29.50 29.53         | S E   |
| 5       | 64 87         | 29.53 29.54         | S W   | 21      | 70 82         | 29.38 29.46         | S W   |
| 6       | 65 88         | 29.52 29.53         | W     | 22      | 72 88         | 29.37 29.40         | S W   |
| 7       | 64 82         | 29.47 29.52         | S     | 23      | 73 85         | 29.39 29.45         | S W   |
| 8       | 66 89         | 29.44 29.46         | S W   | 24      | 71 86         | 29.39 29.40         | S W   |
| 9       | 71 85         | 29.45 29.45         | S W   | 25      | 66 84         | 29.39 29.42         | W     |
| 10      | 68 85         | 29.25 29.41         | S W   | 26      | 66 86         | 29.35 29.37         | N W   |
| 11      | 72 79         | 29.05 29.17         | S W   | 27      | 56 70         | 29.29 29.40         | N E   |
| 12      | 68 78         | 29.05 29.19         | S W   | 28      | 52 74         | 29.42 29.65         | N E   |
| 13      | 60 85         | 29.31 29.39         | S W   | 29      | 44 72         | 29.60 29.72         | S E   |
| 14      | 67 83         | 29.40 29.43         | W     | 30      | 56 68         | 29.22 29.44         | N W   |
| 15      | 69 85         | 29.48 29.53         | N E   | 31      | 59 75         | 29.23 29.26         | N W   |
| 16      | 61 80         | 29.50 29.52         | N E   |         |               |                     |       |

The month of August has been pleasant, uniform and fair—the first part of it very dry; favorable rains have fallen since the 20th. The pastures, cornfields and potatoe crop have suffered from drought. Range of Thermometer, from 44 to 89—Barometer, from 29.05 to 29.72. Rain, 2.36 inches.

*Peritonitis following Examination for Uterine Polypus.*—At a meeting of the *Société de Chirurgie*, M. Lenoir presented the uterus of a woman, 55 years of age, who had been seized suddenly with acute peritonitis, the day after an examination, by which the presence of an uterine polypus in the vagina had been ascertained. She had been laboring under hemorrhage for seven or eight months; the existence of the polypus was ascertained without the slightest difficulty. M. Lenoir intended to have operated the following day, but was prevented by the development of peritonitis, which carried her off within eight days.

M. Malgaigne narrated a similar case which had occurred to himself. He was called to Versailles to see a lady who was affected with uterine polypus. He practised the toucher, and recognized, without the slightest difficulty, the presence of a polypus, which he intended to have extirpated. The following day, however, she was seized with peritonitis, and died. Such cases are extremely rare, but it is well to be aware of their existence.—*Gazette des Hopitaux*.

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*Poisoning by a Small Dose of the Muriate of Morphia applied Externally.*—A young woman, laboring under scirrhus of the uterus, and suffering from vomiting and pain in the stomach, was ordered to apply to the epigastrium, from which the skin had been previously removed by a blister, the 1-32nd part of a grain of the muriate of morphia. The same dose was repeated by the endermic method the following morning. Some time afterwards, the woman fell into a state of complete narcotism. She suffered from pain in the head, stupor, ringing in the ears, dizziness, and incoherency, a hot and dry skin, and a strong and frequent pulse. Among the symptoms was one somewhat remarkable—namely, that she saw only the half of surrounding objects; for instance, in the case of a person standing before her, she could only see the right or left half of the body. The cerebral congestion was followed by convulsions. Venesection was performed, but this only produced a stronger attack, followed by another. A compress, soaked in vinegar, with ice, was applied to the forehead, followed by mustard poultices to the lower extremities. The symptoms gradually abated, but it was three weeks before vision and speech were perfectly restored.—*London Medical Gazette*.

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*Foreign Body in the Ear.*—A gentleman of this city stated that he had lost the hearing of one of his ears, about six weeks previous. Upon examination, we discovered that a large bug had found its way into the ear; and its removal restored his hearing. Two *physicians*, in the city, had pronounced his case a *disease of the ear-drum*. We suppose, of course, their opinion was in accordance with what knowledge they possessed.—Perhaps they will remember the case?

Before an opinion is expressed in regard to affections of the ear, a careful examination should be made in the sun-light, which can easily be directed into the ear: an egregious blunder may thus oftentimes be avoided.—*Missouri Medical Journal*.



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## ORIGIN AND PROPAGATION OF FEBRILE DISEASES.

By W. Clay Wallace, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

It may be said that all fevers are owing to local irritation, arising from malposition of parts of the body, or the presence of foreign matter. Among the former may be enumerated protrusions of the viscera, distension of the extreme vessels, fractures, luxations, &c. Among the latter, pus and other excretions, necroses, poisons, animalculæ, vegetations, &c. The present remarks have reference to two grand classes of fever—the remittent and eruptive.

The origin of the remittent class, which, as it is difficult to say whether or not the paroxysm altogether subsides, may also include the intermittent, has been usually ascribed to malaria or miasmata. Miasmata are generally considered to arise from the decomposition of animal or vegetable matter; and the effects on the constitution are said to be owing to inhalation of the gases generated by putrefactive fermentation. Although putrid matter applied to a wound may cause great constitutional disturbance, we have no facts to show that the emanations arising from it will occasion remittent fevers; for putrid macerations in colleges are often cleaned out in the hottest weather, without producing these diseases. In manufactories of adipocire, individuals have been surrounded with an atmosphere saturated with emanations from the decaying flesh of horses, dogs and other animals, yet they remain perfectly healthy. Quantities of hay and weeds are rotted every summer. Animal and vegetable manure in all stages of decomposition is often collected in heaps. The very same materials said to engender malaria are subjected to the same decomposing influences without producing febrile symptoms, and the hottest seasons are not always the most unhealthy.

Happily for mankind, the poison producing febrile diseases cannot be prepared by human skill, even when aided by the numerous discoveries of modern chemistry. Though the elements are in the hands of the chemist, he can effect no combination of inert matter, capable of exciting a periodic disease, or one giving rise to emanations by which its kind may be reproduced. If such preparations could be made by art, the fabulous accounts of slow poison might be realized, when the spirit of revenge or cupidity demanded a victim. The ravages of pestilence might not be stayed with the destruction of the intended object, but

spread all around, as the torch of an incendiary often devastates more than he intended.

The poisons generated by vegetables and animals are not inferior in power to those formed by the combination or decomposition of inert matter. As far as I understand, no artificial preparation of the elementary bodies will produce abortion, yet the laboratory of nature furnishes *secale*. Art does not furnish a compound capable of contracting the voluntary muscles equal to *nux vomica*. Prussic acid is inferior in virulence to aconitina, the fiftieth part of a grain of which has produced serious effects. A small portion of virus in the saliva of a rabid dog, is, when applied to the mucous membrane of the mouth, or into a wound, capable of lying dormant for a time, and afterwards producing horrible effects. An almost inconceivable portion of virus contained in the matter from a vaccine or variolous pustule, produces fever and reproduction of the same kind of virus. Serpents, spiders, bees, gnats, &c., produce well-known effects.

By microscopical investigations, light has been thrown on two contagious diseases—*porriço* and scabies. The former has been ascertained to be a vegetable which even sheds its seed. The irritation of the latter is occasioned by an *animalecule* which burrows beneath the skin. Parasites are sometimes transferred from one animal to another, as the falling out of portions of the whiskers and eyebrows is said to be owing to destruction of their roots by a parasite of the horse fly. Like other soils a particular state of the body seems to be necessary for the growth and propagation of parasites, for the *animaleculæ* in the cheesy matter of *acne punctata* thrive best in a strumous subject.

Spurred rye is caused by a parasitical fungus, the dust on which will produce a similar affection in any grass, if sprinkled in the soil at the roots. This fungus, or rather the dust upon it, has proved poisonous not only to the mammalia, but even to leeches and flies, and has at different periods caused dangerous epidemics in different parts of Europe. Besides rye, many other grasses are subject to the alteration. It is probable that the species of fungus will vary with the plant, and that the variety will produce different effects—thus the dust from one kind of fungus or other parasite may produce yellow fever, from another cholera, and so on; or hybrids may be produced, giving rise to new diseases.

The powder diffused in the air on opening the common puff ball, is said to be myriads of its seeds, which wafted by the atmosphere, may pass to great distances. Many of these will light on barren soil, or at least on places unfavorable for their growth, while others, out of the abundance diffused, will find locations that will yield support, and where they may propagate their seed, to be again in like manner dispersed by the wind to seek new habitations. We may hourly inhale portions of these, or similar seeds, without being aware of their presence. The seeds of the plants which constitute mouldiness or mildew, require decomposing animal or vegetable matter as a soil in which they may grow, and reproduce their species. There is reason to believe they are constantly in

the atmosphere, as neither paste nor soup can be long exposed to decomposition, without being covered with a miniature forest.

It is in autumn, when seeds of various kinds have passed to maturity, that fevers from malaria most frequently prevail. In dry or in very wet weather they are not often observed, but they appear after much rain, when the moisture has partially evaporated, and the vegetable matter been rendered favorable for mouldiness. Plantations of rice which requires much moisture for its growth, are considered so unhealthy that the Russian government has prohibited its cultivation.

In 1817 Savannah, as I am informed by a gentleman who formerly resided there, was as healthy as southern cities usually are, till the rice on a large plantation near it was cut. For some time before this the prevailing wind was the south west. Several days after the cutting of the rice, the wind changed to the north east, or from the rice field towards the city, and in a few days the yellow fever prevailed to an alarming extent.

As plants have their peculiar locations and do not survive the seasons of other latitudes, imported parasites may be propagated on whatever serves as a soil for mouldiness, till they are suddenly blighted by the appearance of frost. The poison of yellow fever gradually extends from the part where it was first introduced, and, to use the language of the contagionists, creeps from spot to spot, and increases the extent of the infected district. On the other hand, the poison of typhus, one of the exanthemata, does not survive the heat of a tropical region.

The cause of various other affections has been ascribed to animalculæ, and from what has been ascertained about itch, there is ground for the opinion. Animalculæ have been dried, and kept for a series of years, and have again exhibited all the phenomena of life after being immersed in water. Their ova may lie in dust, and be diffused through the atmosphere, until they are placed in circumstances favorable for their development. It is possible that in this way some of the exanthemata may be disseminated. The plants or animalculæ producing them, or their seeds or ova, may be contained in the albuminous crusts, which occasion the disease by contact, or when dried and distributed throughout the atmosphere by being inhaled. Their seeds or ova may also be put forth with the air, from the eruptions on the lining membrane of the lungs.

There may be something more than mere figurative language when we talk of the seeds of disease, and of the periods of germination or incubation. The seeds or ova of eruptive diseases may pass through the food or air passages to the circulatory system, and be deposited beneath the cuticle. After a period of germination or incubation they are more speedily developed on the parts most exposed to air and light, and progress more slowly on the rest of the body. After an allotted time they reach maturity, and then die away, having previously yielded the means of propagating their kind. It is perhaps by limiting the quantity of seeds, or ova, that the complaint is milder when the matter of smallpox is inserted beneath the cuticle, than when it is received by the air passages. As plants are modified by cultivation in a different clime and soil, diseases are modified by passing through a different animal; thus, when



smallpox prevails cows may take the disease, the products of which will occasion a complaint that is rarely fatal, and which can be communicated only by planting, or direct contact to an abraded surface.

According to the theories advanced, most febrile diseases are of two kinds. The one is occasioned by irritation from the reception of poison from parasites, away from the body; the other by irritation from parasites in the skin. The one is propagated on bodies exterior to the person; the other is propagated upon it. Though the one is, strictly speaking, non-contagious, both are alike to be dreaded, for the seeds of pestiferous fungi may take root on decomposing matter, and soon by reproduction fill the air with poisonous dust. The seeds of the other may be disseminated in a similar manner, to grow and be reproduced on the body. The euphonous terms *koino miasma* and *idio miasma* have been employed to distinguish contagion from the person, from that arising from infected air.

Parasites, then, are the chief sources of disease, and as we can only attribute the commencement of animal and vegetable life to creative power, it is inferred that these causes of mortality existed from time immemorial. Contagious diseases have broken out among workmen engaged in the manufacture of chlorine, and all disinfecting agents have been found so inefficient that we do not know they can be controlled by any known substance. Habits of ablution, which have been so often recommended, have been found by experience to be the best means of checking their propagation. To have a system free from noxious parasites, it is necessary to observe the utmost cleanliness. Cleanliness in the street, in the yard, and in the domestic animals. Cleanliness in the ceiling, the walls, and the floor. Cleanliness in the kitchen, the parlor, and the bed-room. Cleanliness in what we eat, what we drink, and what we put on. Cleanliness without the person, and cleanliness within it. As the weeds from an ill-conducted farm annoy an industrious neighborhood, it is a good rule to keep well to windward of a suspicious-looking craft.

The larger insects, as flies and worms, consume the decomposing matter on which noxious parasites may take root, and if it abounds they become so annoying that its removal is demanded. The slumberer on an unclean bed is again and again reminded that its condition should be examined, and unclean garments soon present their own memorialists. Burns, with the feelings of a poet, might utter his detestation at the ugliness of one of them, but it required the philosophic mind of Peter Pindar, who was educated a physician, to compose a poem in its praise. The little mosquito, with its buzzing noise and poisoned bill, does its utmost to prevent approach to marshy districts, especially in the evening. With indomitable courage and perseverance it repeats its warnings, at the imminent risk of its life, yet it may prevent remittent fever in another way. I have been informed by a medical friend, whose father made the observation, that those who slept under mosquito netting escaped the disease, and hence concluded that the insects were useful in forcing its adoption. The poisonous seeds being intercepted by the netting, leave the atmosphere within it comparatively pure. It is possible that by falling on the

aqueous vesicles constituting mist, the dust of malaria may be inhaled in a more concentrated form, by exposure after sunset.

When animal or vegetable parasites are introduced to a rural district, other parasites are apt to accompany them. A like course is observed by the parasites constituting disease, for itch and the exanthemata have often their sequela. The seeds of porrigo are sometimes introduced with the virus of vaccinia.

Many vegetable poisons cease to exert a noxious influence, when the system is accustomed to their action. A drachm of tobacco has occasioned death when infused and administered as an enema for strangulated hernia, yet there are numbers who by frequent practice chew several drachms a-day without apparent injury. It is well known that the cases are most fatal at the first appearance of an epidemic, and that Creoles are not so liable to be affected with fever as strangers.

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#### ERYSIPELATOUS FEVER.

To Dr. Samuel G. Morton, Philadelphia.

DEAR SIR,—In the Boston Medical and Surgical Journal of October 30th, 1844, I find my letter to you respecting the “Grippe” or epidemic erysipelas. The variety of symptoms observed in the protracted forms of erysipelatous fever are analogous to the changing phases of acute and chronic rheumatism, and should be considered in regard to its mild and malignant types and with reference to its acute and chronic bearings upon the functions and the organs or tissues successively involved.

Patients having erysipelatous fever during gestation, escape fortunately, if miscarriages occur, in not more than one third of the cases, and of the fœtations numerous instances of malformation occur at every stage, while of those arriving at maturity fully one half die before the eighteenth month. Their gums and fauces become affected as if from scorbutic taint, the body is feverish, with frequent cold extremities, the lips are of scarlet color, red spots appear on the cheeks, hectic perspiration, slight cough and occasional wheezing attend, and spasmodic pain with tendency to constipation, soon succeeded by diarrhœa, now begin to indicate the sure approach of death. Some infants lose their hair and nails, others for a while have eruptions like St. Anthony’s fire, leaving ulcerated points not unlike chickenpox, and if vaccination be employed extensive excoriations of the skin come on, which are slowly and with difficulty healed. During gestation the mother has sore throat and many successions of imperfect abscesses about the ears, her vision or hearing always more or less impaired, and usually the scalp and ends of the fingers and toes are painfully sensitive; the lower extremities especially suffer more than is common from tumefaction, and the patient manifests constant dread of whatever may agitate the nervous system. A patient for some months harassed by such symptoms, will generally about the third day after accouchment have chills succeeded by intensely hot dry skin, while the bones are described to be parched as if by burning bricks, the secretion

of milk ceases, the tongue is pointed, red at the sides, furred, with a smooth red trace in the middle; the entire tongue is stiff and corded, and of conic form extending to its enlarged base or root. The fever often continuing with partial remissions ten, twenty, or even thirty days, induces suppressions and great tenderness of the abdominal muscles, which invites to preserving the knees in an upraised position, and after some days the muscles become so rigid the legs cannot be extended without such force as might extend limbs contracted by rheumatism. In such cases at first the bowels are torpid, while the stomach is highly irritable, the œsophagus is laboring under sub-acute fever, and across the larynx a painful choking sensation is felt; the toes and heels, as well as the fingers and scalp, are as sensitive and excite as much complaint as in gouty patients. Opiates with calomel, irritants, bran poultices with acids, the tepid bath and bleeding, are the usual remedies. The accoucheur, without the greatest precaution, will transfer this fever from one to other lying-in patients, and I have observed the nurse brought in to draw the breast *immediately affected*, and such wet-nurse will with invariable certainty communicate the same disease to as many infants as may only once suck her breast.

Infants contracting the disease often sneeze, and within a few hours the palatal structure is thickened and inspiration is soon performed with a wheezing, cat-like sound, and such infant will communicate the affection to every breast its saliva may come in contact with, unless the owner has before had this fever. A child having this affection *will not contract whooping cough*, and it is worthy of remark that after whooping cough is fully established the subject of it will not sneeze, or at least not in the active febrile stage. During the influence of erysipelatous fever upon a system the vaccine poison *cannot operate* as a *preventive* against small-pox; and measles are often so modified as to present white, delicate pustular eruptions, affording no protection against measles on some future occasion. Lues affections are rendered more virulent, and gonorrhœa is changed into what was once, by misnomer, called cicca-gonorrhœa.

In erysipelas the inguinal glands and the vesicular mucous surfaces do not suffer, while the mucous and serous surfaces, from the diaphragm upward, are chief seats of the malady. I have observed ash-colored indolent ulcers on the fingers, and leprous-looking scabies and carbuncles on various parts of the body, yield as if by charm to the careful application of a weak solution of creosote and the external use of sarsaparilla.

In the advanced stages of indurated glands and thickened membranes, the continued use of jalap and cream of tartar, or a cathartic of extract of colocynth, scammony, and an eighth or sixteenth grain of tartrate of antimony, with lime-juice baths, and an invigorating diet, are of the highest utility. The internal and external use of hydriodate of potassium at intervals is also an excellent remedy, particularly when the secretions from the maxillary antrums are sanious, or greenish and offensive, and in every instance wherein the *thyroid glands are enlarged* or the sub-maxillary glands are indurated.

Soap and weak lie-washes, with daily changes of raiment and of bed-



ding and place of boarding, regular sleep and avoidance of mental exertion, are of the first consequence in effecting radical or complete cures in all cases which have become constitutional. I have known cases to continue three, six and even nine years, with more or less severity at distant intervals, as different organic functions were successively deranged or were undergoing greater or less lesion. In the earlier stages this malady seems to have affinities to scorbutic affections of the worst type, while the cellular substance suffers as in scarlatina, but in the very protracted kind of cases I have been constantly reminded of the elephantiasis caste of disease lately exhibited in Brazil, Yucatan and Cuba, and had I a right to name it, I would call it *Cuban Fever*.

So long as the suppurative effusion can expend its main force upon the face, throat and exterior neck, remedial agencies must be cautiously employed, lest the diseased action be invited to translate itself upon interior and more vital parts. When typhoid symptoms occur, the patient is sometimes hurried off by a copious flow of coagulable blood from the intestinal canal, and in some instances by blood warm and red cast out by the ureters from the kidneys. It is in the typhous form that this disease acquires the name of *black tongue*, which is commonly the result of failing, by active depletion, to equalize the circulation and general powers of the system at an early stage of the disease. Sometimes the contagion descending through several successive patients from this malignant type of the affection, is very virulent and unmanageable, especially in exceedingly cold weather, but its force always abates in its progression.

As in the rooms of *milk-sick* patients, or typhus fever, smallpox, yellow fever, or bilious remittent fever, peculiar odors designate these diseases to the clinical observer, so also with the affection I am describing. If the room be close, with fire in it, besides the odor referred to, the olfactories are affected by a twinging or tickling sensation, exciting to sneeze, and the palate and throat becoming dry, an inclination to cough is soon irresistible. If one be seated near the patient, his breath, or the *extricated electric forces*, strike the cheeks or any exposed skin, so as to give the idea of soft nettles or flying cob-webs, or insects, touching such surfaces.

I have often seen strangers upon beds, whence fever patients had been removed, or lying upon the *same couch with one having the febrile stage*, who would immediately complain of excessive itching over the body, describing their sensations to be as if fleas, chinces or mosquitoes were tormenting them. On one occasion I found the berth I had taken in a steamboat was too much impregnated for my continuance in it, and procuring another having new mattresses, a stranger went into the former, who next morning, complaining severely of the inflamed state of his eyes, fauces and throat, alleged some fever patient must have left *contagious air* in the berth. This person, who was a preacher, within the two weeks I saw him, had the disease in the plenitude of its variations, but not very dangerously, and as the antrums of the cheeks and frontal bones were throwing out quantities of greenish fœtid pus, I suppose that his affection yet continues, though three years have elapsed; nor, at such a place, would it answer to an-

nounce the presence of a contagious disease. I found nearly all that boat's crew had the disease, and most of the passengers had it before leaving; and the steward of the boat, who had occupied the state room spoken of, I found would die in a few weeks under a chronic erysipelatous taint of the glandular system, the cellular disease already inducing an enlargement of the coats of the *arteria innominata*, and an extensive lymphatic occupation of the inferior air cells of both lungs, and from this latter cause his death occurred.

Every winter for years, on long stage lines, I have known stages which had blankets or woollen linings strongly infected: and even the bar-rooms of taverns were often so impregnated, that one directing attention to its detection would never err in deciding whether the room was infected or not.

In 1842, at New Orleans, I saw many hundreds of citizens and strangers having the acute or chronic stages of erysipelas upon them, many calling it mumps, or influenza, or other appellations, as the varying points and degrees of damage to different tissues presented symptoms resembling affections with which they were familiar. After this I had the disease, and treated it by active bleeding and other depletory measures, and experimentally felt the harassing and peculiar symptoms I had often witnessed for six or eight years among the numerous laborers at a manufacturing point, where yearly some fifteen hundred waggons received lading.

From 1833 to the present time I have observed that dyspeptic patients, and all those having any constitutional infirmity of the lungs, are peculiarly marked as subjects for death; indeed, so searching is the pursuit after persons having such disabilities, that in many places none are left alive, whether old, young or middle aged.

To the direct and indirect influences of this anomalous disease fully 16 per cent. of all the deaths in the Southern United States, for eight years past, has been owing; and in sections where the mortality has been  $3\frac{1}{2}$  per cent. yearly of the population, at least a half of one per cent. was a superaddition to the deaths that would occur without its presence.

Of the entire number of deaths immediately caused by the contagious Cuban fever, one third die from a fever of the lungs, and about one third are taken off by cerebral and nervoid affections, either in the primary or secondary stages of the disease, and the symptoms have often intimated to me that there must be a *softening process* in the cranial contents analogous to that sponge-like enlargement visible in the cellular tissue, arterial coats, and even in the denser cartilages.

I give facts as they appeared to my observation, and to thousands of good common inquirers, and probably to many practitioners of medicine. and I have been glad in the last year to find that in many very large districts the disease has totally disappeared, mainly, as I think, from deficiency of susceptible subjects.

During the mild attacks of cholera Asiatica, called *premonitory*, the will of the patient could not control muscular action with accuracy, so that the toes would strike the steps in ascending stairways, and the finger

directed to the lip would reach the nose or chin, and then much free electricity surrounded the exterior cuticular surface. I inferred that so much free electric properties indicated a paucity of living galvanic agency in the body, or a constant and destructive waste, under which not very long healthy functions could be executed. Twenty-four hours before an attack of yellow fever a similar derangement of nervoid capacities happens, and yet for a time the thinking faculties are instinctively acute and active. The osseous, cellular and the nervoid constructions are pre-eminently the voltaic battery of the physiologic frame, and in the Cuban fever the bones express great disaffection. I was for twelve months in a cholera atmosphere, and could discover the difference in breathing upon an elevated point and in neighboring low places, especially after a rain in warm sunshine; to lift the hand an exertion was used as if raising a four pound weight; and whenever this was observed, within a few hours parties would be attacked who remained in such air, and it was remarkable that sometimes on opposite sides of a small stream this gas and pure air could be found. In cholera, nature's great effort was to cast out the half dead chyliferous contents whereby death often ensued immediately; and in erysipelas a primary indication is by hydragogues to remove similar fluids, whereby a healthful tonicity is maintained in the cerebral powers. I have often seen a gas lifted from deep salt pits, which floated as a cloud, would extinguish burning charcoal, and was impenetrable to light, but a red hot iron could sparkle in it, either by letting in oxygen or because it found chlorine qualities in this gas, which though floating could be lifted and poured out like water; and upon animals breathing it, effects were induced like cholera Asiatica.

Among fifty horses, when their drivers had erysipelas, all took the disease, and ten died with symptoms like the *Cuban fever* in human beings; and of 400 cattle, 100 died with disease of the same kind, nor could the affection be arrested until the animals *were dispersed* at new points. During this affection in cattle I observed several milk maids had the genuine vaccine disease upon their fingers, nor could I decide whether the dugs or the milkers first had the affection. This febrile disease in animals was called the Georgia distemper, and it was highly communicable among them.

When the Cuban fever (for so I may call it) first broke out, I observed it most among slave dealers, stock drovers and overseers of plantations, and I know the only reliable way to arrest the poison in slave quarters is to disperse the slaves and to burn or thoroughly cleanse their clothing and rooms. I advised a youth who had the fever in very active form, and was about to enter college, that he would in two weeks disperse a large share of the students; and in this period many left with the disease, nor, there, in two years, has the affection disappeared, though but two died; and those two had it in the form called black tongue, complicated with effects of measles.

To shave with razors used in shaving parties dying with the malignant type, will cause the face to be immediately inflamed, and the effluvia from coffins or any contact with such bodies I know to be highly danger-



ous. Other circumstances alike, the most malignity is indicated in cases wherein the thyroid *glands are considerably enlarged*. Seeing a case of this kind I advised great care, and leaving one hundred miles, I wrote an urgent letter about the danger of communication from that case, and after death the body being removed a day's journey was exposed, and did cause the early death of fifteen or twenty persons.

Whenever in athletic patients *loss of voice and hearing, with impaired vision and lethargic intellect*, are *concomitants*, night sweats, spasm of the bowels, hectic fever, hacking cough and most *surprising emaciation* hurry the patient to the jaws of death. In such cases the internal and external pelvic muscles losing their substance, the bones appear pointed and skinny, and the points of the shoulders bear forward as if they would desire to meet upon the sternum, and when these indications advance steadily *there is no hope of recovery*. From the state of the *intellectual portion of the brain* or of the *cerebellum*, or the *spinal cord*, as genuine hectic fever may supervene, and terminate life with as much certainty, as if the hectic symptoms depended on a destruction of the lung. When such cerebral affections exist, various grades of what I call insane ideas and animal propensities become active, and death most unexpectedly and suddenly gives relief.

During the last ten years I doubt whether great armies could in the United States have remained long at any one point without appalling destruction, and it may well be questioned whether the physiological and indefeasible constitution of man's socialism is not too violently infringed by late advances in the arts, particularly as applied to locomotion. I know very few public speakers or travellers have in the South or Western States escaped, and this class of men and many young females even yet have a chronic enlargement of the thyroid glands indicating some danger in the future. I cannot but believe the uses of the thyroid glands subserve a conservative purpose over the nervous power exerted *in breathing and in speaking*, analogous to the vicarious offices of the spleen in regard to the general circulation of blood. The amount of air taken into the stomach, and which in health is disposed of in the chyliferous process, becomes very troublesome in the Cuban fever, at all times when the digestive functions are much impaired, and hence dyspeptics are unhappy subjects of grippe fever.

The motions of the hands, as if expelling mosquitoes from the face or neck, is often the first indication of infection, and if *hydragogue cathartics* be *at once used* for a week the disease will be generally removed, but bathing with cold water and the free use of acids must not be pretermitted. I have witnessed several strange translations of the disease, in the nature of critical results. In one case, when hectic symptoms indicated approaching dissolution from lung-disease, a transfer in a single night to one of the lower limbs presented, though an adult male, a genuine case of phlegmasia dolens, immediately relieving the lungs, and the limb, enveloped in acid-bran and other dressings, discharged from a quart to two quarts daily of purulent fluids. And in several instances I witnessed the purulent inflammation of the lung relieved by copious effusion of fluids

exterior of the lung within the pleura, which becoming imperfectly confined by sac, at last discharged through intercostal orifices and recovery happened after excessive purulent discharges. In several instances I have known these critical depositions happen in the liver; and in two instances, when the collection was in the left side about the heart, this organ was gradually removed out of place toward the right side, where in one instance becoming attached, it may probably remain. Literary men will be in especial danger from *apoplectic* results, always indicated by apparent electric shocks of the brain, about the moment of dropping asleep, or when awake after intense and long thought upon any one subject, and also such parties on first rising to walk will feel as if tilting along with bright specks flitting in the vision and more or less strange sounds annoying the ear.

To remove such significant dangers it is necessary to place the mind and body in as tranquil a condition as possible, and because every grade of despondency is encountered, much tact and professional patience is often called into requisition. Every patient must be put on an invigorating diet, whilst undergoing alterant treatment by hydragogues and tonics, and the physician should acquire his implicit trust, which is easily attained under such circumstances. In the beginning, most cases may be cured, except those strongly predisposed to scrofulous consumption, and nine tenths of all the cases will recover without the aid of more than nursing skill; but if symptoms are at first severe or become suspicious, medical advice should be had very early.

In this letter I have treated the subject with more freedom than in my former letter, still with the design of inviting professional men to renewed inquiries into the causes of the increasing mortality from *pulmonic fever* and *apoplectic causes of death*.

With high regard I am

Your ob't serv't,

Nashville, Tenn., July, 1845.

A. McCALL.

#### DISEASE OF THE UTERUS—ABORTION TWICE INDUCED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case has been the cause of intense anxiety to me, and cannot fail to interest your readers. For the first time in my professional life, I publish anonymously; not from any consciousness of impropriety in my practice, for of that my self-esteem and a conviction of the available nature of the little knowledge I possess (pray heaven it may increase) quite exonerate me. Motives of delicacy to others, prevent an association of my name with a case which, were it done, might compromise those whose friendship I esteem next to my own reputation. You will easily recognize your correspondent, and I should feel gratified if you would append a comment explanatory of your own views in the matter.

Mrs. ———, aged 35, of a nervo-sanguine temperament, and in good general health, the mother of four living children, requested my attendance during the summer of 1843. A few questions touching her then

existing symptoms and previous history made the existence of pregnancy at the second month highly probable; in short, all the symptoms were present. On my announcing my conviction of that state, great disappointment was evident, although the lady had from previous experience arrived at the same conclusion. Her youngest child was 8 years of age, and on my remarking on that fact with an apparent design to elicit the cause of the interruption of gestation for so long a period, she gave me to understand it was designed, though nothing more than the ordinary precaution of married persons had been taken. The cause alleged for her unwillingness to bear children was, a progressive difficulty in her labors, until, as she expressed herself, the last was far worse than death could possibly be, and she more than intimated that she would anticipate her sufferings by suicide. From a thorough knowledge of her temperament and mental training, I gave full credit to her threat. Her family physician, a very eminent and worthy man, had assured her that the presentations were all natural, and that the difficulty attending the labors originated in the extreme "unwillingness of the womb to open." Her only reason for sending for me was, that she had urgently requested him to produce abortion in the last case, and he refused. She calculated firmly on my friendship to do it for her, and assured me solemnly that she would take her life if I or some one else did not comply. Although her own and her husband's importunity had not the least effect in causing me to assent to such a request, I thought it proper to make an investigation of the condition of the parts, with a view to elicit the cause of the difficulty in parturition; and I must say I was surprised that her physician had not yielded to her desire; the cervix was actually in a state of scirrhus, certainly more than twice its normal diameter, and studded with several projections from the size of a large pea to that of a cranberry, one at least being the latter size. I proposed a consultation with her physician, which she positively declined, as well as with any other—assuring me again most earnestly that I alone should do all that was to be done, or she would seek other aid, and that of an empirical character. Well knowing the tender mercies of such wretches, I hesitated, and finally concluded to do it. My reasoning was this. The afflux of blood for the production of the new being, or, to speak more learnedly, the physiological hypertrophy, must necessarily increase the disease; whilst the unavoidable tendency to abortion, and that, too, at a more dangerous period for flooding, together with the dreadful anticipation of protracted and inefficient pain, and the terrible threat of my patient, determined me.

The result proved the absolute inability of the uterus to expel its contents, for the os tincæ did not dilate, and we only knew of the cessation of gestation by the discharge and subsequent appearance of the menses, for we never saw the fœtus or its involucreum.

An earnest representation of the great danger of subsequent conception, and a promise of the adoption of the only method by which its impossibility could be ensured, has, alas, been followed, during the last month, by a renewed application for my interference. The disease has



evidently much advanced—the cervix now being full two inches and a half in diameter, and the *os tincæ* quite scirrhus, easily admitting the end of the finger. I have again yielded to circumstances, and the case is terminating favorably, so far as the pregnancy is concerned.

I have related a combination of circumstances, which being quite novel to me, and having no precedent to govern my actions, has caused me great anxiety. It is offered for publication, though disagreeable to my feelings, from a sense of duty. I hope none of your readers may require such a precedent for their guidance in a similar emergency.

*Sept. 2, 1845.*

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#### PERFORATION OF THE STOMACH.

By W. M. Carpenter, M.D., New Orleans.

THE following case occurred in Louisiana, and the facts, with the stomach, its contents, and the liquid effused into the peritoneal cavity, were submitted to me for examination. A young lady, aged about 18 years, apparently in good health, was attacked a short time after dinner with excruciating pains in the abdomen, accompanied with severe retchings to vomit, but little, however, was thrown up by these efforts. The symptoms came on suddenly and increased in severity very rapidly. The pulse was variable, but small, the skin became cold and clammy, the abdomen swollen, tumid and tender to pressure; the face, at first flushed, soon became pale, and the features collapsed, and she died about 12 or 14 hours after the accession of the attack. From the severity and rapid course of the disease, but little doubt was entertained that she was poisoned. Some trivial circumstance led to suspicion being attached to a negro woman, an old servant of the family, who was consequently taken up and sent to prison to await her trial. Suspicions of a different nature were entertained by some, who suggested suicide by poisoning. The examination of the body at once and satisfactorily negated this latter idea, by showing the non-existence of the motive to which the act was attributed; but was regarded as decidedly confirmatory of the suspicion of poisoning. No trace of disease was discovered except in the abdomen. The stomach was found nearly empty, and its contents effused into the peritoneal cavity, which was intensely inflamed. The stomach was discovered to be perforated anteriorly near the middle of the greater curvature, by a nearly circular aperture larger than a dollar, the margins of which were rather even, and of tolerably firm consistence, and having a bevelled form in consequence of the inner coats being removed to a greater extent than the peritoneal covering. No other corroded point was discoverable in any part of the organ, nor was the mucous tissue softened, and showed no traces of high inflammation. The margins of the aperture were darkened or rather blackened, and black striæ or marks were observable in other parts of the organ. The fluid taken from the stomach and peritoneal cavity, were examined and tested by means of the ammoniated sulphate of copper, but without the requisite precaution of

eliminating from the suspected liquid the organic matters, which were mixed with it. A green color, regarded as Scheele's green, being obtained by this test, the presence of arsenic was considered as demonstrated.

When the stomach, its contents, &c., were brought to me, my first impression was that no corrosive could produce such a condition except strong sulphuric acid, and this was not likely to limit its action to any one point, as was the case here. When the organic substances were moved from the fluid, no coloration was produced by the copper test, and the other tests, as well as Marsh's apparatus, were used without detecting a trace of the presence of arsenic or any other poison. A portion of the stomach was likewise submitted to a careful examination, with a like want of success in discovering any poisonous substance.

The inevitable conclusions were: 1st, That the lady did not come to her death by poison, but by peritonitis, resulting from the escape of substances from the stomach into that cavity. 2d, That the aperture by which this escape of the contents of the stomach took place, was produced by the perforation of the coats of that organ by insidious disease, or by some unknown cause.

The prisoner, unquestionably innocent of the crime for which she was to be tried for her life, was released without a formal trial; for most of those concerned were satisfied that she was not guilty.

This case is doubly illustrative—first, of the necessity of judging cautiously from symptoms and *post-mortem* appearances—and secondly, of the importance of using every precaution before using chemical tests, for the detection of poisonous substances, in criminal cases. It is hardly necessary here to remark that the appearance of the color produced by the ammoniated sulphate of copper might have resulted from the presence of many organic acids or their salts, and consequently no reliance could be placed on such a result.—*New. Orleans Med. and Surg. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 17, 1845.

*Mastodon Skeleton.*—A better opportunity never presented, in Boston, to those who have any taste or love for studying comparative anatomy on a gigantic scale, than is now offered. Of all specimens in osteology, the skeleton of a mastodon is the most rare. Medical gentlemen and students should visit the great curiosity now on exhibition in Franklin street. Besides the complete and full-grown skeleton, there are in the same apartment the jaws and two skulls of mastodons of different ages and dimensions. Even the milk teeth of the infant monsters may be seen, peeping above the alveolar socket. Whatever belongs to the natural history of this magnificent race of extinct quadrupeds, is of the highest interest. Once they were the uncontrolled animal monarchs of this continent; but why, in the economy of Providence, the race was swept wholly out of existence,

can never be explained, nor can the epoch of their universal extinction throughout the world be defined. That they once lived, is true—ages upon ages, it is believed, before the creation of man.

The mastodon now exhibiting was found about a year since in Warren County, New Jersey, five miles west of Schooly's Mountain Springs, near Hacket's Town, on the farm of Abraham Ayers. In the rear of Mr. Ayers's house there is a mountain, about 800 feet elevation above the valley at Hacket's Town. On the top of this mountain there was a small pond or basin, about 40 by 60 feet in diameter. In October last Mr. Ayers drained this pond for the sake of the rich earth it contained. About six feet under this rich sediment he struck on the mastodon bones, five of the skeletons of which were all lying together. One crumbled entirely to pieces as soon as exposed to the air, as also did parts of three others. The sixth and large skeleton, nearly perfect, now standing erect and exhibiting as above mentioned, was found about ten feet from the others, lying on its side in a natural position, evidently undisturbed since it died, as the back bone so nearly retained its natural curve and shape that Mr. Ayers ran a pole through it. This large one measures 22 feet long, and would stand between 11 and 12 feet high if the hall would admit of it.

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*Lee's Pills.*—To have resided in New England and not know Lee's pills, argues oneself unknown. The time has been when they were a remedy for all human maladies in many of the States of the Union. Of late, like bank bills, they have been sadly counterfeited, so that it would puzzle the original proprietor to designate his own manufacture by the test of all his senses—though it is presumed he has too much sense to take one into his own stomach. Why should he? Pills were made to sell, in the language of trade; not to be swallowed by reasonable, reflecting people, who have any regard for their physical well-being. Another class of men have got possession of the stage since the epoch of Dr. Lee's greatest celebrity, who sell all sorts of strange boluses, utterly regardless of the prior claim of the great Connecticut pill Sachem, and they are therefore looked upon by the old Lee-pill takers, of a waning generation, with a becoming horror. Instead of being led away by the seductive advertisements of unprincipled dealers in patent medicines, the few remaining individuals of that respectable multitude who used to take the genuine Lee's pills on all occasions and under all aspects of the stars, still adhere to their first love, and still take them when sure they are the real—a point determined among the initiated by the old-fashioned tin box, enclosed in envelopes enough to blanket a papoose in January. A correspondent furnishes the following recipe for constructing the true Lee's pills: "R. Aloes opt., 3 xii.; scammony Alep., 3 vj.; gamboge, 3 iv.; calomel ppt., 3 v.; jalap, 3 iij.; sapo Castil., 3 j.; syrup buckthorn, 3 j.; mucilage gum Arabic, 3 vij. The above being well incorporated, add the syrup and mucilage, and beat it in a mortar to a mass without adding any more syrup. Divide two drachms and a half into twenty-four pills. Dose from one to three or four pills."

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*Watson's Practice of Physic.*—A second American edition, from the second London, revised, with additions, by that very accurate editor, Dr.



Condie, of Philadelphia, may be had in Boston at Mr. Mussey's, Cornhill. Our views are in no way changed in regard to the intrinsic value of this excellent series of lectures on the Principles and Practice of Medicine. In its typographical dress, this edition has the usual appearance of everything that emanates from the press of Messrs. Lea & Blanchard, of Philadelphia; and in the next place, it sells for a reasonable price. The volume contains 1960 octavo pages.

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*Obstetric Medicine and Surgery.*—Through Mr. Mussey, the publisher in Cornhill, a copy of a second Philadelphia edition of "The Principles and Practice of Obstetric Medicine and Surgery, in reference to the process of Parturition, illustrated by one hundred and forty-eight figures, by Francis H. Ramsbotham, M.D., &c. &c., from the enlarged and revised London edition," has been received. So much is known of the capability of Dr. Ramsbotham in this department of medicine and surgery, and his writings have been in such constant demand, that it is gratifying that they are placed at the disposal of the American physician at a far more reasonable rate than they were in England or on the Continent. When a former comment was made on this same production, we resorted to every proper argument, based on the real merits of the volume, to make it extensively read by our readers. Any elaborate encomium, therefore, which we might feel it our duty to bestow on the present beautiful edition, would be essentially a repetition of a former notice. The great number of plates which are interspersed through the text, and their accuracy, give extraordinary interest to the whole. This, too, is from the thrifty establishment of Messrs. Lea & Blanchard, and is truly a great octavo, containing 513 pages.

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*Hoblyn's Medical Dictionary.*—Messrs. Ticknor & Co. have this convenient book, which has found friends wherever it circulates. After being made as complete as the author felt that he could make it, and yet keep it within a moderate price and portable too, Dr. Hays, of Philadelphia, has made additions, and therefore the American edition must surpass in value all that have preceded it. For a table dictionary of medical terms, its conciseness is a recommendation, if there were no other good qualities belonging to it. A vast collection of technicalities is put into a small space, with such a multitude of new names, as to make any of the modern professional publications, with its assistance, perfectly comprehensible to a beginner. Dr. Hays expresses himself thus:—"The object of the work is to present the student, in a concise form, an explanation of the terms used in medicine and the sciences connected with it, by giving their etymology and signification." No further explanation of the value or character of this plain, unpretending guide to study, is necessary. Published by Lea & Blanchard.

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*Half Yearly Abstract of the Medical Sciences.*—An endorsement in a pencil mark was written on the cover of the first No. of this work—"The cheapest medical book ever published," which seems to be literally true. This No. is an octavo of 371 pages, compactly printed; and two

of them—for there are to be two Nos. each year—will give a volume of 742 pages—for *only one dollar!* Subscriptions may be entered in Boston with Messrs. Ticknor & Co. and Saxton & Kelt, on Washington street. Of course the whole is a reprint, from the London edition, published by J. & H. G. Langley, New York. W. H. Ranking, M.D., is the originator and editor. As the title imports, these semi-annual abstracts contain, like Braithwaite's Retrospect, the cream of other medical publications. We used to think anybody could make a book with a pair of scissors; but years of observation convince us that it requires a rare order of talents, to say nothing of the judgment necessarily exercised in the business, to construct a good digest of the current medical science of the day.

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*Morrison's Pills in Servia.*—Mr. Paton, a recent traveller in Servia, mentions the following curious fact regarding the extensive use of English quack medicines among the Turks. At Sewendia, a large town, the major of the place, after swallowing countless boxes of Morrison's pills, died in the belief that he had not begun to take them soon enough. The consumption of these drugs at that time (1843) almost surpassed belief. There was scarcely a sickly or hypochondriac person, from the hills of Presburg to the iron gates, who had not taken large quantities of them. Being curious, says Mr. Paton, to know the cause of this excessive consumption, I asked for an explanation. "You must know," said an individual, "that the Anglo-mania is no where stronger than in this part of the world. Whatever comes from England, be it Congreve rockets or vegetable pills, must needs be perfect."

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*Waters of the St. Lawrence and Ottawa.*—Mr. Rottermund, who is conducting a geological survey of the Canadas, has furnished the following analysis of the chemical composition of the two celebrated rivers, which run by Montreal and Quebec.

"The waters of the St. Lawrence which flow past Montreal, are of two kinds: the one, coasting along the right side of the river, appertains to the Ottawa; the other, flowing on the left side, comes from the Upper Lakes. These run together for several leagues without intermingling, a fact demonstrable from the preservation of their respective colors. The St. Lawrence water possesses a fine blue color, that of the Ottawa approaches to a brown. Both kinds are very pure, differing from distilled water only by .002 or .003; for by taking the specific gravity of distilled water as unity, the specific gravity of the St. Lawrence water is 1.0036; that of the Ottawa water, 1.0024; their temperature being 66 deg. Fahr. while that of the air was 82 deg. Taking into consideration the specific gravity of the two waters, we can understand why they do not easily intermingle; this arises not only from a difference in the amount of saline matter dissolved, but also a difference in its nature; both contain chlorides, sulphates and carbonates, with bases of lime and magnesia, but the St. Lawrence water moreover holds in solution carbonate of lime, and, in consequence, is not so well adapted for culinary purposes, as this salt deposits itself readily when fluids containing it are heated, and their bulk diminished by evaporation. Both contain equal quantities of atmospheric air in solution, to the amount of 446 per cent. From a litre (57 cubic inches, about a quart) which I evaporated to dryness, I obtained so small

a quantity from the Ottawa water, that I found it difficult to weigh it with perfect precision, but I estimated it at 1.5 grains; while I obtained from the same quantity of the St. Lawrence 2.87 grains of solid residue. The quantitative analysis from 57 cubic inches of each gave me as follows:—

|                             | St. Lawrence. | Ottawa.     |
|-----------------------------|---------------|-------------|
| Sulphate Magnesia - - -     | 0.62 grs.     | 0.69        |
| Chloride of Calcium - - -   | 0.38 "        | 0.60        |
| Carbonate of Magnesia - - - | 0.27 "        | 1.07        |
| Carbonate of Lime - - -     | —             | 0.017       |
| Silicia - - -               | 0.31 "        | 0.50        |
|                             | <hr/> 1.58    | <hr/> 2.877 |

*"Confessions of a Magnetiser Exposed."*—It would be a nice question to decide which was the deepest in the mire, the repentant operator who wrote the Confessions, or Mr. La Roy Sunderland, who has exposed the hoof of one of his own feet in showing up the iniquity of a brother chip. To be perfectly satisfied with one's self, in the full belief that the world is astonished, must be an exceedingly comfortable feeling to a man of vanity. Hear the great exposé. "The new theory of the mind, or what I believe to be such, I published in my work before alluded to, some three years ago. It was, I believe, the first ever issued in the English language, in which an attempt was made to show the falsity of the opinions hitherto prevalent, in relation to the agency of a fluid in the production of the results peculiar to a state of induced somnambulism." Strange the earth has not been shaken! Where is Dr. Buchanan, the neuralgic philosopher, who made the nervous fluid run like a mill race, in solving all phenomena of mind or body.

The Exposition, from beginning to end, is a bag of wind; yet it may assist the Rev. La Roy Sunderland, we opine, to get a penny extra, while it serves as a kind of apology for thrusting before a worn-out public, the thread-bare topic of pathetism—a science exclusively the proper of Mr. S., the discoverer.

*New Orleans Medical Journals.*—The projected Louisiana Medical and Surgical Journal, by Drs. Carpenter and Harrison, of New Orleans, which we noticed some weeks since, has been united with the New Orleans Medical Journal—that is, these two gentlemen are hereafter to be associated as editors, with Drs. Fenner and Hester, in the management of the Journal which has been published in that city for the last year or two, carrying with them whatever of influence and support they had collected for the new undertaking. This appears to us a wise movement, and the Journal, thus aided, cannot fail to maintain the good reputation which it has already won.

*New Obstetrical Forceps.*—TO THE EDITOR. DEAR SIR,—In constructing the obstetrical forceps which you will receive from Mr. Burnett, I endeavored to obviate, by the peculiarity of a sliding joint, the necessity of resorting to the extreme force usually employed in removing the fœtal



head, by instruments, when impacted in either strait. In adjusting the instruments the blades are to be separated and introduced singly after the old method; but you will observe that it is not necessary to place the clam of each over the same portion of the head in order to close the joints, as they slide upon the shafts and can be united, although the clams are placed over different portions, and as it often occurs that a single blade only can be introduced and adjusted in a perfect manner. The superiority of this will be apparent from the fact that the clam of one blade can be applied, allowing the base to reach below the margins of the occipital and temporal bones, as the case may require, and the other may be placed over the ridge of the parietal without lessening the effective power of the forceps; and by the above arrangement, and the application of proper extractive power, the diameter of the head may be easily made to adapt itself to that of the passage, without the exertion usually required on the part of the accoucheur.

Yours respectfully, E. R. SMILE.

Boston, Sept. 6th, 1845.

*Sickness in Armies.*—Vaidy, in his article "Hygiene Militaire," in the "Dictionnaire des Sciences Medicales," states that, under the most favorable circumstances, an army will furnish about 5 per cent. of sick. During a campaign, not less than 19 per cent. must be calculated on, and in the event of reverses or other untoward circumstances, this becomes immensely increased.

*Medical Miscellany.*—A case of death in a farmer is recorded in London, caused by guano dust in his throat, which produced hemorrhage, vomiting, &c.—It is asserted that Hahnemann once said, "I give medicine but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine"!—Francis Roach died on the 9th, near Edwardsville, Illinois, at the age of 107.—A large medical class has assembled at Dartmouth College, we understand.—Dr. A. J. Prince, of Newburgh, N. Y., is setting up the skeleton of the mastodon recently found in that town.—On the first of May, there were in the House of Industry, South Boston, 84 boys between the ages of 4 and 10, but only 11 girls. In the institution, there were 341 males and only 196 females. This shows that there is a greater demand for female than male laborers.—At Attakapas, La., 13 persons in one family recently died of congestive fever.—The last overland mail brings intelligence of the cholera at Lahore and neighborhood, in the East Indies, where deaths averaged from 500 to 700 a-day. It was announced that between 20 and 30,000 had already died. It had also made its appearance at Terazepore.

MARRIED,—At Northampton, Mass., Caleb Green, M.D., of Homer, N. Y., to Miss Roxana R. Parsons.

Number of deaths in Boston, for the week ending Sept. 13, 52.—Males, 28; Females, 24. Stillborn, 2. Of consumption, 2—disease of the bowels, 15—disease of the brain, 4—apoplexy, 2—old age, 1—infantile, 7—hooping cough, 2—marasmus, 2—suffocation, 2—typhus fever, 4—hemorrhage, 1—croup, 3—inflammation of the bowels, 1—burn, 1—lung fever, 1—dropsy on the brain, 2—cholera infantum, 2—palsy, 1.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 3.

**Rheumatism.**—Dr. Dunglison, in a late Clinical Lecture at the Philadelphia Hospital, remarked, that at present there seemed to be a peculiar condition of the atmosphere—a sort of *constitutio aeris*—to use the language of Sydenham—which is inappreciable—favorable to rheumatic affections. There appears, too, to be a tendency to certain articulations rather than to others, as in nearly every case the shoulder-joint is affected. He reminded the class that he considered rheumatism to be largely neuro-pathic, and certainly not identical with ordinary acute inflammation.

In the case reported some weeks since, a perfect cure was effected by means of sulphate of quinia. This agent has proved no less successful in numerous other cases that have since occurred in the hospital. In the vast majority, it was sufficient of itself to effect the cure, but in a few, from the unusual degree of vascular excitement, the application of cups to the spine was advisable. This situation for topical bleeding was selected, not from a supposition that the medulla spinalis is diseased in such cases, but from its convenience, and its being a most sensitive surface. Sometimes it becomes necessary to give large doses of opium to allay the pain and excitement. This agent, being a powerful narcotic and sedative, exerts its influence—the professor thinks—much in the same manner as quinia, which, in large doses, is markedly narcotic and sedative. It will be found exceedingly beneficial in many cases of acute rheumatism, and is highly recommended, as a most powerful remedy in the disease, by Dr. Christison. The professor here desired the class not to be misled by the opinion that opium is always a stimulant. This belief has been long held by many, but is unquestionably erroneous. In small doses it is certainly a stimulant, but in large ones its sedative action is manifested in a marked manner. Where sedation is desired, it should never be given in less than  $2\frac{1}{2}$  or 3 grain doses. The lecturer thinks that sulphate of quinia may be given fearlessly in every case. He has never witnessed any injurious effects from its employment, and, as before observed, he regards it in full doses a potent sedative. It has been prescribed in every stage of intermittent, without producing any signs of a stimulating agency. Even the pulverized cinchona has been employed, without any injurious effects, in the hot stage of that fever; although, from its containing much indigestible matter, as woody fibre, it might have been inferred that it would prove exciting, and consequently deleterious. Before administering the sulphate of quinia in these cases, it may be well to pave the way for its action by some mild cathartic, although this is not indispensable. The dose of the sulphate, which may be 18 or 20 grains daily, may be gradually increased, care being taken to suspend it on the supervention of any symptoms indicative of its influence on the nervous system. When the excitement in acute rheumatism is very high, it will be proper to resort to depletion; but this should not be carried too far. The plan of treating rheumatic affections by the sulphate of quinia the professor has found extremely successful, both in private and public practice.—*Med. Examiner.*

**Salacine.**—Dr. Fenner, of New Orleans, whose experiments with this article are noticed some time since, says in the last No. of the New Orleans Journal—“I have now tried this remedy in twenty-two cases, but have desisted for the present, on account of the expense of the article in the large doses requisite. I shall report the result of my observations at a future time.”

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 8.

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REMARKS ON THE CAUSES, SYMPTOMS AND TREATMENT OF  
DIARRHŒA AS IT APPEARS AT WETUMPKA, ALA.

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By James C. Harris, M.D.

THE towns of East and West Wetumpka, connected by a fine and apparently durable bridge, are situated upon both sides of the Coosa river, at the foot of the falls of the same name, and head of steamboat navigation, in latitude  $32^{\circ} 30'$ , and longitude west from Washington  $9^{\circ}$ . These have been by legislative enactment erected into and constitute our city, containing upwards of 2000 inhabitants, several schools, four churches, and the State Prison, together with immense water facilities for the propulsion of all kinds of machinery.

Thus situated, with many internal evidences of her own greatness, in the untiring zeal and enterprise of her citizens, surrounded upon all sides by an intelligent, and upon the west and south a dense and wealthy population, she holds out to the merchant, artizan, and capitalist, for a permanent location in their different avocations, a fair prospect of pecuniary reward.

The site of the western town is a level sandy plain, cut and interspersed with an occasional ravine and lagoon, terminating rather abruptly at the river-bank in a high bluff; not so, however, with the eastern; here a greater portion of the town is so completely hemmed in with a range of high hills extending its whole length and rising several hundred feet above the level of the river, that at many points there was scarcely space enough between their base and the water's edge, for a broad street and the erection of the necessary business buildings.

These hills sloping back with gentle acclivities, and terminating in level tops, afford most desirable sites for the erection of private residences, and from one of which, to the admirer of the works of nature, the prospect is enchanting. To the south and south-west, as far as the eye can reach, nothing is to be seen but one extended landscape, interspersed with forests, fields, and farm houses, whilst at your feet, sweeping in silent and unbroken majesty, roll the gushing waters of the Coosa. The agitation of these waters in their passage over the falls, causes the evolution of a large amount of vapor, which during the day, by the action of the sun's rays, is heated, attenuated, and suspended in the atmosphere; to be precipitated at night-fall in copious showers of dew, giving to the air of our vicinity an unusual, and at times unhealthy degree of dampness.



With these preliminary remarks I will proceed briefly to the enumeration of some of what we consider the most prominent causes, in the production of the disease under consideration; and first the geological situation of our city, it being in a low southern latitude, and surrounded by causes known to be favorable to the generation of malaria; secondly, the dampness of our atmosphere; and thirdly and lastly, diet and exposure. I do not wish, however, to be understood as meaning to convey the idea that I consider the combined operation of all these causes necessary to the production of every case of diarrhœa as it prevails here; far from it; as we have had many proofs, drawn from extensive observations, of the reverse, any one of them in excess being sufficient to excite and continue a very troublesome form of the complaint.

Dr. Drake, in one of his travelling editorials (in *Western Journal of Medicine and Surgery* for July, 1843), speaking of the diseases of our section, remarks that a chronic diarrhœa, which prevailed here much more than in any other part of the State, had been attributed, by some of the medical gentlemen of Wetumpka, to a micaceous impregnation of the water. This opinion, though apparently plausible, will, upon a moment's reflection, be discovered to be entirely untenable, from the fact that a large amount of this mica sparkles in the soil of all the adjoining counties, issues in the water of their springs, and is deposited upon standing from the same in great abundance; and yet those who are in its daily employment are comparatively as exempt from all forms of bowel disease, all other things being equal, as any other portion of the population of the State. True, in the Valley of the Alabama, and its larger tributaries, where the micaceous deposit is found perhaps in greater quantities than anywhere else, the population are more obnoxious to diarrhœa than where it is not so abundant. Still we think that the fact must and can be accounted for upon other principles, else we should have it prevailing at all seasons alike, or at least so long as the remote cause, this admixture of mica with our water, continued to operate. Taking it for granted, then, that the above substance exercises no agency whatever in the production of diarrhœa, as it prevails here, we are irresistibly led to turn our attention to the study of the causes that are known to produce bowel disease in other climates, and see if we are not furnished with a solution of the difficulty.

The position laid down, and so ably maintained, by Dr. Cooke in his lectures, to wit, "that the same remote causes produce both fever and fluxes," does in our humble opinion afford most ample and conclusive reasons, not only why the citizens of the Valley of the Alabama and its larger tributaries, but those of all other low malarious districts, should be more liable to diarrhœa than those of the more high and healthy latitudes. Then if we have a cause operating throughout the spring, summer, and fall months, adequate to the production of diarrhœa in other latitudes, need we be surprised at its prevalence in this section of country, where all the elements necessary to the formation and evolution of malaria are so abundant as they are throughout the whole southern portion of our State.

This remote cause acting upon the system through the medium of the lungs, and occasionally developing the disease, needs only some imprudence and exposure, or improper diet, conjoined with the known and acknowledged dampness of our atmosphere, to develop the worst and most intractable forms of diarrhœa.

*Symptoms.*—Dysentery and diarrhœa, two of the forms of disease to which the alimentary canal is liable, differ from each other more in degree than anything else, chronic dysentery being scarcely distinguishable from diarrhœa, and frequently here in their conversations by the faculty confounded; the distinction, however, is not of much if any practical importance.

In the incipient stages of diarrhœa the tongue is more or less furred; the pulse accelerated; the bowels excitable; the alvine evacuations usually preceded by a murmuring noise, and discharged with more or less griping and pain; the liver ceases to perform its proper functions, its healthy secretions being entirely suspended, no admixture of bile whatever appearing in the stools, which are now entirely protean in size, consistence and color; as the disease advances the stomach usually becomes affected with sickness; the countenance grows pale, or sallow, and the skin generally dry and rigid; ultimately, from the absorbents failing to take up the chyle as in health, great debility and emaciation, with dropsy of the lower extremities, supervene.

At this stage of the complaint, you will frequently be informed by your patient that his tongue is sore, and importuned to do something for his mouth. Upon examination you will discover that his tongue presents a shrivelled and cracked appearance, resembling more a piece of raw beef than anything else; the fauces present a similar appearance, with the exception of now and then a little ulcer; great thirst, with a general soreness extending down the œsophagus, and throughout the whole chest, and severe lancinating pains in the different portions of the alimentary canal are also present.

These symptoms, if not arrested speedily, terminate in death, in consequence of disorganization of the mucous membrane of the intestines, from chronic ulcerative inflammation, constituting one of the most intractable forms of the disease; and in fact the only strictly unmanageable one that has prevailed in this vicinity.

*Treatment.*—In the consideration of this, the third and last proposition contained in the heading of this article, I shall not attempt a rehearsal of the various plans of treatment and remedies that have been recommended and tried, by different members of the profession, but confine myself to such only as are of acknowledged utility, and in this shall be as brief and concise as the nature and importance of the subject will admit. The successful treatment of any form of disease depends, to a greater or less extent, upon a correct understanding of the causes that have conspired in its production, and in none more so than in diarrhœa; and as the liver and skin, in our opinion, are always greatly if not wholly at fault in the one under consideration, to these our remedies should be addressed, and they should be of a nature that are known under ordinary

circumstances but seldom to fail in the restoration of healthy action to these organs, and for this purpose we know of nothing better than some one of the mercurial preparations in combination with ipecac. and opium. Then if the patient be but recently attacked, tolerably plethoric, with furred tongue and febrile excitement, I would commence the cure with purgative doses of calomel, or calomel and Dover's powder at intervals, to be carried off at the proper time, if necessary, with castor oil or rhubarb. When the liver is sufficiently excited, the impression may be kept up by the exhibition, every two or three hours, of one of the following pills:—  
 R. Calomel, grs. xx.; opium opt., grs. v.; ipecac. pulv., grs. xx.; camph. gum, grs. xx. Divide into 20 pills.

The effect of this combination is almost universally to arrest the inordinate peristaltic action of the intestines, relieve the griping, and soften the skin; should they succeed in keeping up the impression produced upon the liver, which they most generally will, it should be continued by the daily administration of four or five of them until relief is afforded, or a slight soreness of the glands of the mouth and throat is felt. During the administration of this remedy, the diet should be of as mild, nutritious and unstimulating a character as possible, such as water gruel, chicken water, &c. Flannel should be worn next to the skin, and as far as practicable all exposure to a cool or damp atmosphere should be avoided.

The plan, now becoming pretty generally fashionable throughout the south, of having a fire kindled in the parlor or bed-chamber about sun down, will be found an admirable regulator for those laboring under diarrhœa. The taking also of a hot and strong decoction of ginger tea, upon retiring to bed, will be found serviceable in warding off those small local determinations that frequently create, during the early part of the night, a desire to evacuate the bowels.

During the summer and fall of 1838, whilst stationed with the 3rd regiment of artillery, United States Army, at camp near Missionary Hill, Cherokee nation, east, I had an opportunity of witnessing, under the direction of the distinguished and lamented Dr. Samuel Forry, the good effects of the above plan of treatment. The doctor had spent several of the preceding years with the army in Florida, and had, from his great scientific attainments and practical skill, been placed in situations where he could enjoy the greatest field for observation. He informed me that the foregoing plan had been pursued by himself whilst at Tampa Bay, Black Creek and Fort Jupiter, with great and unparalleled success, and that many of the soldiery had thereby been rescued from untimely graves, and returned to their families and homes in the enjoyment of comparatively good health.

In my hands both the mineral and vegetable astringents, such as the sacch. saturni, kino, catechu, alum and tannin, have all failed of their vaunted good qualities; neither have I seen the good effects result from the single or combined exhibition of the muriatic or nitric acids, as I had been taught to anticipate. In cases of great debility I have seen some little benefit derived from their tonic properties, internally administered, but nothing further, and they are not near so powerful in this point of



view as the ferruginous preparations, and of these the carbonate of iron, or the muriated tincture, are the best, and with which the system should be gradually charged, as we decline our mercurial preparations.

Mineral waters.—Of these, those containing the largest proportion of iron, with a small trace of sulphur, are best adapted to produce the ends desired; and I would most earnestly advise all those laboring under chronic diarrhœa, to an early pilgrimage to one of those fashionable and healthy fountains of resort. The mere travelling through the mountainous regions of Tennessee and Kentucky, where these waters abound, super-added to the change of climate, and from the soft free-stone, to the hard lime-stone waters of those regions, has been known to effect most remarkable cures.

In conclusion, I shall feel highly gratified, and as if I had not lived in vain, should the preceding imperfect remarks answer no other valuable purpose than to cause some one, more able to do the subject justice, to furnish the profession with a more extended paper.—*Western Journal of Medicine and Surgery.*

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#### CASE OF PARTIAL ANÆSTHESIA, WITH REMARKS.

By Wm. M. McPheeters, M.D., St. Louis, Mo.

CHARLES McL., æt. 33. Born in Ireland. Follows the occupation of carriage driver; of stout robust frame and temperate habits. Has always enjoyed good health until about three months ago, when he arrived in New Orleans from New York. Here he was exposed night and day for some time to cold, dampness and sudden vicissitudes of temperature, during which time he underwent great bodily fatigue and was "troubled in his mind." He now began to experience a crawling sensation, accompanied by pain in both his legs, from the knees down. This feeling increased until there was an entire loss of sensation. When he put his feet to the ground the same feeling was experienced as though they had been "asleep."

July 16th, 1845.—Saw him for the first time. Has a tremor of all the muscles of voluntary motion, somewhat resembling paralysis agitans, of a mild form; walks unsteadily and with difficulty; has lost all sensation in both legs below the knees; feels no pain when pricked by a pin or sharp instrument; this I tested by running a pin almost up to the head in both legs. Motions of the limbs unimpaired, except so far as they are affected by the loss of sensation—that is, he moves his feet as though they were so much dead matter attached to his body. Above the knees sensation is perfect. Complains of numbness and loss of sensibility at the ends of all his fingers, save one—the ring finger of the left hand; this numbness extends no farther than the first phalanges. A similar feeling is also experienced at the top of the head, just on the crown. Bowels open regularly, pulse small and feeble, countenance good, intelligence unimpaired. Has no tendency of the spine whatever, although severe pressure was made along its course. Manifests the

greatest desire to recover his "feeling." Says that he had rather die than remain in his present condition. Ordered dry cups to the spine, to be repeated every other day; stimulating frictions to the legs and ends of the fingers, and a pill, consisting of one grain of sulphate of iron, and three grains of ingredients of pill rhei comp. three times a day; entire abstinence from tobacco and coffee, and a mild but nutritious diet.

22d.—General condition much improved; tremors less; walks with more steadiness. Treatment continued, with occasionally a tepid bath.

31st.—Sensation is beginning to return; walks without his cane; legs sensitive to the prick of a pin, and can distinguish the smallest object between his fingers. This he was unable to do before. Feels greatly encouraged, and is in fine spirits.

Aug. 11.—Has continued to improve since last note. At present is so entirely restored as to require no farther treatment.

*Remarks.*—This case presents some points of interest. At first, regarding it as a case in which there was a deficient generation of nervous force, produced by a want of hematasine, and a general impoverished condition of the blood, the result of over exercise of mind and body, superadded to cold, I put the patient on tonics, with stimulating applications and counter-irritation. But the rapidity with which the symptoms yielded to treatment proves that this could not have been the pathological lesion, otherwise a longer time would have been required to effect a cure. It is probable, therefore, that it was only an atonic condition of the nerves of sensation, or an irregular distribution of nervous force, brought on by exposure and over exertion. Had the patient been bled, and put on a general antiphlogistic course, the blood would have been rendered thin and watery, and convalescence consequently retarded. This, I am satisfied, is the result in many cases of this kind where depletion is resorted to. It is true, local congestion or inflammation may co-exist with general anemia, thus rendering it necessary to abstract blood by cups, at the same time that tonics are administered. The effects of the depletion, under these circumstances, should, however, be watched with great care.—*St. Louis Medical Journal.*

#### SYMPTOMS IN YELLOW FEVER.

By John Harrison, M.D., Professor of Physiology and Pathology in the Medical College of Louisiana.

OMITTING individual peculiarities, let us sum up those symptoms by which the disease is recognized. We will suppose a person who has been protected, in the best way possible, from those obvious causes of disease which may affect the health at any season. He is well lodged and clothed; he is temperate in his diet, and is careful not to expose himself to the sun, to wet weather, or to the night air; he is abstemious with regard to alcoholic liquors. These precautions, however, avail him little. In the midst of excellent health he is stricken down. He experiences a rigor, which sometimes ends in a violent ague; in a few hours a burning fever comes on, with distressing pains in the head,

back and limbs. The tongue, however, is as yet moist, and the urinary secretion copious; but the eyes are generally dull and heavy, and intolerant of light.

In the course of 24 or 36 hours, the usual consequences of violent fevers ensue; the secretions are diminished in quantity, and altered; the tongue becomes red around the edges, pointed and furred, with a white or yellowish down in the middle; sometimes, though rarely, it is dry. Sordes appear upon the teeth. The urine is highly colored, and in many cases highly corrosive. The skin is usually moist, with sudamina scattered here and there—principally over the breast. It is, however, sometimes dry and very hot. The pulse continues strong and quick, beating at the rate of 108 to 120, or over, per minute.

Towards the close of the third day, or beginning of the fourth, the fever intermits. The prostration of muscular power, which has been increasing from the first moment, is now complete—the patient being scarcely able to turn in his bed. The pulse falls in frequency even below the natural standard, though in general retaining its usual fulness. The stomach now becomes more or less irritable, being unable, in most cases, to bear even a spoonful of cold water. The skin and eyes assume a yellow tinge, and both are highly injected. This injection, however, does not appear to be attended with high action, for the skin is now rather cold to the touch, and the secretions from it seem altogether to have ceased. If we press with a finger upon the surface of the body, we observe, upon removing it, a white spot, which slowly and gradually resumes its former color. This is strikingly in contrast to the quick flash wherewith the blood returns into the tissues on the first or second day. This injection in truth is of a passive character, and is undoubtedly one of the consequences of the foregoing violent actions to which the whole system has been subjected, and by which the organization of the tissues has suffered. In short, the parts are changed in structure—have lost in consequence their natural elasticity—make little resistance to the blood coming from the heart, and are injected as we might inject a sponge with a syringe.

From the condition last described, the patient gradually returns to health or dies. If death is to be the result, we shall see the irritability of the stomach growing almost hourly greater—even a teaspoonful of cold water being thrown up the moment after being swallowed. An indescribable *malaise* afflicts the sufferer, although he appears at the same time to be without any fixed or local pain. A continual sighing, involuntary groans, extraordinary restlessness, great diminution or a total stoppage of all the secretions, announce the approach of the fatal symptom—black vomit. On the fourth, fifth or sixth day, this is thrown up, and death soon closes the scene.

The matter first thrown up consists almost entirely of the drinks taken. A few flocculi of mucus may be discerned floating here and there in the liquid. Towards the approach of black vomit these flocculi increase in quantity, and are of a deep-gray color. Mixed with them we may often find, upon a close examination, a few stræ of a darker color—in other words, of black vomit.



This last-mentioned fluid is not thrown up in the manner that emesis usually occurs. The muscular motions, and the sounds accompanying the ejection, are peculiar. There is no violent retching; a sound is heard, caused apparently by a hiccough mingled with a cough, and the black matter is ejected. In many cases this is done so violently as to send it many yards. I have seen it, in the Hospital, thrown entirely over the bed of the next patient and fall on that adjoining.

The conditions of the patients when throwing up black vomit, vary most remarkably. Some are quiet—answer questions—and appear rational, but indifferent to their fate; so much so, that they will frequently respond to questions concerning their condition, by saying “they have the black vomit.” Some will even get out of bed and walk about—declare they are perfectly well, and wish to dress themselves. I have seen this occur, and death take place in half an hour afterwards. Others are delirious, and force is required to keep them in bed; others lie in a semicomatose state, and keep up a constant and most distressing moaning.

Such is the usual course of the disease; but there are a vast number of individual differences which we ought to expect, since it would be difficult to find any two persons in precisely the same condition at the moment of attack; and, therefore, it is but in the application of the well-known law “that the same cause acting on different subjects must produce different effects,” that we should be led to expect individual differences in all epidemic diseases.—*New Orleans Med. and Surg. Journal.*

[As the following case is reported by a well-known physician and professor in a respectable medical school, and is moreover stated in a few words, we give it a place in our pages. It is copied from the Southern Medical and Surgical Journal, edited by Drs. Eve and Garvin, who are professors in the same school with Dr. Dugas. It may be well to state that the editors referred to, as well as the editors of all the other Medical Journals, it is believed, in this country and Europe, are opposed to the claims of the mis-called science of Mesmerism.—The first operation on this patient was reported in March last, in the same Journal.]

#### EXTIRPATION OF A SCIRRHUS TUMOR, THE PATIENT BEING IN THE MESMERIC STATE.

By L. A. Dugas, M.D., Professor of Physiology, &c., in the Medical College of Georgia.

Mrs. Clarke, the lady whose mamma I removed in January last, enjoyed for several months afterwards an unusual degree of health. In the month of May, however, she began to suffer almost daily with slow fever, and perceived a small induration in the adipose tissue surrounding the region formerly occupied by the breast. This soon assumed the form of a distinct tumor, which was increasing in size with some rapidity, and was becoming painful, when, in the early part of June, I advised Mrs. C. to have it extirpated. To this proposal she readily consented, remarking, very philosophically, that she would rather have such a tumor removed

every six months, than permit it to remain and grow on her. There was no evidence of disease in the axilla.

I now requested Mr. Kenrick to ascertain whether he could still mesmerize her, and, if she were susceptible, to repeat the operation a few days, so that we might test her sensibility in that state. Mrs. C. was readily put into the mesmeric state, and found to be entirely insensible during its continuance. Deeming it unnecessary to repeat the tests, I determined to operate on the 13th of June, several days sooner than was expected by either herself or her friends. The operation was performed in presence of Professors L. D. Ford and Jos. A. Eve, Drs. L. Kennon and J. F. Hammond, the Rev. Mr. Alfred Ford and Mr. F. J. Martin. The patient was mesmerized at 9 o'clock, A. M., and the extirpation effected at about 10 o'clock, by making a semilunar incision along a portion of the circumference of the tumor, turning over a flap, and dissecting away the indurated mass and surrounding tissues, making up the volume of a hen's egg.

During the operation, Mr. Kenrick, being blind-folded to avoid the unpleasant spectacle, sat by the patient, with her hands in his. Mr. K. avers, that Mrs. C. evinced no uneasiness by grasping his hands, that her fingers did not twitch, and in short, that her hands remained perfectly passive. Prof. Ford, whom I requested to note the pulse and respiratory act particularly, informs me that there was no appreciable change in their character and frequency before, during and after the operation. The countenance of the patient and the hue of her cheeks presented no change whatever, nor was there the least indication of sensibility detected during or subsequently to the operation, by those who were present and anxiously watching the result. There was neither twitching of the pectoral muscle when touched with the sponge, nor tremor of the lower jaw. Indeed the patient slept on as quietly as an undisturbed infant, through the entire operation.

The wound was left open about half an hour, a small vessel ligated and the ordinary dressing applied. The patient was permitted to sleep on, and awoke spontaneously at a quarter past 1 o'clock, P. M., in the presence of Dr. Ford, the Rev. Mr. Ford, Mr. Kenrick and myself. Dr. Kennon arrived a moment afterwards. She appeared entirely unconscious of what had been done, and was much surprised as well as gratified on being informed that the operation was over. She stated that she had not suspected our design, and had no recollection of having experienced the least uneasiness during her nap.

I will add on this occasion, as I did on reporting the former case, that the above statement has been submitted to all the professional gentlemen present, and that they fully concur in its accuracy. This is perhaps the only instance on record in which a serious and painful operation has been twice performed on the same individual in the mesmeric state, a circumstance that may lend it additional interest with those who are disposed to collect facts on an interesting subject.

## MEDICAL MATTERS, &amp;c. IN GENEVA.

[FROM Prof. F. H. Hamilton's "Notes of an European Tour," published in the Buffalo Medical Journal, we extract some observations on Geneva in Switzerland.]

At Geneva I have spent nearly a week, which has afforded me time to visit all places of special interest. My first business was to call upon Dr. H. C. Lombard, physician to the Civil and Military Hospital of Geneva, whom I found exceedingly attentive, and to whom I am indebted for much valuable information. Dr. L. is not, I think, over 35 years of age, yet he has already greatly distinguished himself as a writer and practitioner. His medical education was acquired mostly in Paris, but he spent sufficient time in England to render him familiar with English practice, and to obtain such a knowledge of the language as to enable him to speak and write it handsomely. Although he had made his morning rounds, he kindly offered to accompany me to the hospital, a fine stone building forming a spacious court and situated in the upper part of the city. The first thing which arrested my special attention was the prevalence of goitre, with which not only the patients but the nurses almost without exception were more or less affected. To the inquiry whether it was not more common with women than men, Dr. L. replied that he did not think it was with unmarried women, but that in those districts where goitre most prevailed, its development was almost certain after child-birth, and that even at Geneva, English and other foreign ladies were exceedingly apt to become affected with goitre immediately succeeding parturition. At Geneva and in its immediate vicinity, the proportion affected with this disease is not so large, but Dr. L. assured me that in the "Valais Canton" about two thirds of the population were goitrous, the absence of the usual appendage being regarded as a deformity! In reference to its cause, a point so much in dispute, Dr. L. remarked that at Geneva, it was probably not true, as has been stated, that those who drank the lake water were less liable to the affection than those who drank water only from certain springs in the city, and that in other parts of Switzerland I would find it prevailed mostly in deep valleys, and especially along those which extended north and south, and from which the direct rays of the sun were therefore mostly excluded. I also remarked to him what seemed to me to have some bearing upon the question, that the great mass of his hospital patients were scrofulous; almost every one, under whatever other malady they might be suffering, if the malady was chronic, had superadded also either enlargements of the glands of the neck, or chronic ophthalmia, or tumefaction of face or lips, or spinal distortion, or coxalgia, or enlargements of the knee, ankle, or of smaller joints. One, a girl about 17, I remember well, as presenting a most hideous picture, the very "tout ensemble" of scrofulous disfigurements; for in addition to many of the local affections already enumerated, her right eye was half protruded from its socket by an enormous irregular tumor, situated upon the antrum, discharging matter at several points, and the whole space between her chin and sternum was occupied by a large, nobby, ugly-looking goitre.



The conclusion to which I have arrived, then, as to its cause, is that it depends upon the same causes, only slightly modified, which usually develop scrofula, an opinion which I shall hold, with the right of change, until I have myself visited the goitrous districts, as I propose soon to do.

"First of all," says Dr. L., "the patient, if we would cure him, must be removed from the valley to the mountain, and then," adds Dr. L., "I consider iodine as much a specific as quinine is for intermittent fever, and quite as certain, provided the remedies are applied early." He exhibits iodine both internally and externally, having become of late somewhat cautious to avoid iodization, an event which is indicated by a general and rapid marasmus, hectic, and often speedy death. In the only instance in which Dr. L. had seen the thyroid gland removed, the patient died of tetanus; Dr. Bizot, the surgeon, however, remarked that he had removed safely encysted goitre, but would never attempt the removal of a simple thyroid hypertrophy. He also stated that he had found the "*huile de foie de morue*"—cod liver oil—a most excellent substitute for iodine in certain cases, and that he had also extended its use beneficially to cases of simple scrofula; the muriate of gold, also, he relied much upon in scrofula. The observations of these men I regard of unusual value, from the acknowledged accuracy and honesty of the gentlemen and their unequalled familiarity with the diseases in question. In the surgical wards of Dr. Bizot I saw nothing strikingly peculiar; the straight splint, in its simplest form, is here generally employed, and, indeed, as the Swiss surgeons are generally educated at Paris, their surgery differs but little from that of the Parisian hospitals.

The second day I spent in a stroll through the city, composed of a mixed population, speaking French, German and Italian; the French language and customs are, however, greatly predominant. The city is divided into the upper and lower town, in the former of which reside the ancient Genevese aristocracy, in the latter the poorer class of citizens, merchants, artisans, &c. That part of the lower town, however, which borders immediately upon the lake and is situated upon the banks of the Rhone, boasts of many large and elegant buildings. Most of the streets are narrow and crooked, and between the old and new town so steep as to render their ascent often exceedingly difficult.

You have heard it remarked, doubtless, that travellers had found a resemblance between Geneva in New York and Geneva in Switzerland, and I ought to tell you wherein the resemblance *lies*. If the outlet of Seneca Lake was a mighty "rushing" stream, whose waters were shaded with the richest tints of blue and green, instead of a small, sluggish and yellow creek; if Geneva, *chez nous*, stood quite upon its outlet, instead of a mile above and upon the terraced banks of the Lake alone; if the streets were narrow, crooked, dark, damp and paved with solid blocks of stone, instead of straight and open everywhere to the broadest light of day, except where the maple and acacia lend their delightful shade; if its private dwellings were lofty brick edifices, ranging upon the streets, entered by heavy gateways, and the lower windows secured with bars of iron, instead of small, neat, white cottages, with modern doors and green

window blinds, each house retiring from the road to make room for a beautiful *parterre de gazon* in front; if its churches were huge masses of ancient masonry, and its inns Astor houses, with princely accommodations, stead of light and graceful specimens of American architecture, and tidy country houses, with reasonable Yankee comforts; if the village of 5000 inhabitants were a compact walled city of 30,000; and more, if instead of being surrounded by an extensive and gently undulating plain, it lay deeply embosomed between mountains "whose vast walls have pinnaced in clouds their snowy scalps," then would one of the most lovely villages of our new Republic,

"Which stands amid the seven fair lakes that lie,  
Like mirrors 'neath the summer sky,"

resemble the capital of the free and ancient Allobrogi. Each is beautiful but unique, and to say they are alike, is to rob them both. \* \* \*

Geneva, I may say, in passing, has been distinguished as the birth-place of many eminent medical men, with whose names the medical scholar must be familiar—of Mayerne in the year 1573, who was successively physician to Henry IV. of France, to James 1st, and Charles 1st and 2d of England—of Bonet the pathologist in 1620—of Le Clerc, author of "*Histoire de la Medecine*," &c., and of Manget, chief physician to Frederick 3d, king of Prussia, in 1652. Geneva, also, was the birth-place of Jean Jacques Rousseau, Neckar, Saussure, and Sismondi. Am I not already treading upon classic ground?

Yesterday the air was so cheering that I determined to walk to the residence of Merle d'Aubigne, author of the recent great work upon the Reformation. He lives at "Eaux Vivant," about two miles from Geneva, and after a delightful walk I found his villa, called "*La Campagne de Merle d'Aubigne*," surrounded by a small park extending in the rear to the shore of the lake. M. d'Aubigne received me with an agreeable ease and courtesy, and I spent an hour with him very pleasantly. He is, I should think, about 45, tall, and well formed, with dark complexion, black hair and eyes, and a rather meditative, but exceedingly pleasant expression of face. He speaks English well, and we talked chiefly of Zwingle and Calvin, and Papacy, which he declared was on the increase in Switzerland—by emigration, however, rather than by conversion. He seemed gratified that his writings had been re-published in America, for he had always felt a deep sympathy with all Americans, with several of whom he had become acquainted, and he inquired after them with apparent interest. When I left, he grasped my hand with affectionate warmth and commended me to the care of the Great Protector.

#### EXTREME MERCURIAL SALIVATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the subject of mortification of the mouth appears to be attracting the attention of several writers in your late Nos., and a doubt expressed as to the cause of it, whether attributable to mercury or not, I

will offer a few remarks. I do this the more readily when considering the fatality of the disease ordinarily.

Here it is not only a popular opinion, but one sanctioned by the medical public, that mortification of the mouth following fever after the use of mercury, is as much the extreme grade of salivation as is the simplest pytalism produced by that agent. It is termed dry salivation. It has the mercurial odor, and it yields to the same remedies, medicated, however, proportionally to the increase of violence. In your No. 25, Vol. IV., Aug. 2, 1831, you did me the honor of republishing two cases reported by me in the *Transylvania Journal of Medicine*. They were children, of 8 and 11 years. They had been very stubborn fever cases previous to the appearance of the gangrene of the mouth. I cut away portions of it and freely insinuated a strong lotion of muriatic acid and water, diluting it as the disease appeared yielding. The accompanying fever was kept down by active doses of the comp. pow. jal. In a few days they were relieved, notwithstanding in one of them half the inside of the upper jaw and cheek adjoining was thus diseased, with all the accompanying symptoms of hideously swollen face, &c. &c. Since that time I have had cases of all ages, from infancy to the octogenarian, and of all grades, from the mildest increase of saliva to mortification, and find the remedy equally adapted to all. I will give some particulars of a case in point.

November 16th, 1831, I was called to Mr. P. B., one of the companions of Daniel Boon, a very old man. He had had an attack of congestive fever, and was treated successfully by Dr. S. A few days after its disappearance, mortification of the mouth ensued. The common remedies were used in vain, and the disease extended rapidly. I found the entire inside of his mouth covered with a soft brownish mortification, with an intolerable stench; he was prostrated, and in a comatose state. I removed portions of the disease, and then applied a lotion of equal portions of muriatic acid and water to the parts freely. This was persevered in several times a-day, for several days. His bowels were kept open. His disease was removed in three days.

The only fatal case I have to relate, was a child two years of age. It was in the autumn of 1833. Her disease had been an obstinate diarrhœa, and it was not arrested when the gangrene supervened. She had just changed climates, too, and a cholera atmosphere had been and might still be said to be prevailing. She was a thousand miles north of home.

In all the other cases, the disease for which the mercurial preparation—the proto-chl. hydrarg.—had been given, had yielded *before* the mortification appeared; an important consideration, probably, in the prognosis. The disease is less often met with now than formerly; indeed, some years it is more frequently met with than others. Several years after the cases alluded to were reported, I observed, in the medical journals of the day, muriatic acid mentioned as the favorite remedy of M. Velpeau in the treatment of mercurial salivation.

*Port Gibson, Mi., Aug. 26, 1845.*

Respectfully,  
A. H. PECK.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 24, 1845.
 

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**PUBLISHER'S NOTICE.**—Subscribers who are in arrears for the Journal, as well as those who have not paid for the current year ending in February next, will find their bills enclosed in this number. These bills are more numerous than usual, making in amount an aggregate of more than \$3000 due from present subscribers up to the time above mentioned. The habit of non-payment during the year has increased among subscribers to the Journal, so that the amount received each year, in payment for that year's subscription, is less than the annual expenses of the work. Those, therefore, in particular, who are indebted for one or more years, are urgently requested to remit the amounts respectively due. This can best be done, especially in the New England States, by mail, when no private opportunity offers. The new mode of paying to the postmaster, requiring the allowance of a per centage at two post offices, is more expensive, at least within the above limits, and possesses no other advantage than that of greater safety. Subscribers, therefore, who can command bank notes subject to no great discount in Boston, will save expense by sending them *by mail* direct to the publisher. In some of the Southern and Western States it may be found expedient to settle with postmasters, who are to forward a receipt to the Boston postmaster, and also a notice (franked) to the publisher.

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*Cheating Physicians out of their Dues.*—Every physician is familiar with the fact, that the community abounds with people who are liberal in their patronage, if being visited often comes under that term, but who never pay bills for these visits, nor do they ever expect or intend to do so. In cities, there are multitudes of medicine-taking persons, besides those who are forever asking medical advice, who have not the remotest intention of making any return for it. Nothing so much contributes towards the unpopularity of a physician, among this kind of customers, as his sending a bill. Away they fly to some other practitioner, who is usually regaled with a series of grievances they have suffered through the ignorance, want of skill, or the neglect, of the man whom they are now forsaking. A frequent repetition of calls is now made upon their new adviser, to be discontinued whenever the second unfortunate forwards his account for collection. Something of this species of deception is known in the country, but it bears no comparison to that practised in the city.

It is a poor sign when families are frequently changing physicians, or calling in all the new great doctors whose virtues are trumpeted abroad by the vulgar tale-bearers of the neighborhood. A physician had better excuse himself from engaging at all with such unstable, double-minded, non-paying patients, since they are sure to be enemies in the end, and exert themselves, as far as possible, to injure those who have been at their beck and call.

A gentleman at our elbow, who has had ample opportunities for testing the value of this kind of practice, thinks that it should be one of the articles of local medical police, that the names of annoying non-paying customers should be communicated to the members of the association, if an organization of the kind exists, to prevent a useless waste of time and energy over worthless, unprincipled, and perhaps evil-disposed patients. The whole tribe might then readily find their level on the Dispensary

list, as almshouse beneficiaries. Many young physicians are carried away, in the commencement of business, with the comforting notion that they are actually earning thousands a year, because they are charging so freely. Alas! the first visit of a collector disperses a whole crowd of flattering patrons, who forsake the young doctor in a twinkling, and he finally makes the mortifying discovery that, out of a splendid run of visits, allowing neither rest nor diversion, he cannot get enough to purchase a new coat.

Can no way be devised by medical practitioners for apprising each other of the peculiar losing game, from which they have suffered, and to which we are all liable? Would it be libellous to notify a medical friend of the imposition about to be practised upon him by a person who never had paid him for any former medical services? Empirics in Boston certainly conduct their affairs much more wisely than the educated faculty. With them it is cash down, or no prescription. They know quite well that trusting brings no return—and by pursuing the system of some of the tailors, *no credit*, pocket an annual income that far surpasses that of many eminently qualified practitioners.

Why is not some effort made to establish the English custom of paying a fee at every visit? This would be much superior to any custom known to us, and would be the only true way of ascertaining whether a physician is bettering his circumstances, by the practice of his profession. Owing to the uncertainty of collections and the precariousness of a professional income, particularly in cities, many medical men are, in a quiet way, perhaps, connected with some literary or mercantile pursuits, manufacturing establishments, railroads, public stocks or real estate operations, to which they actually look for the means of maintenance, that legitimately should be derived from practice, but which the present state of society prevents them from thus obtaining.

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*Health in the Massachusetts State Prison.*—For nine months past there has not been a death in this Prison. The average number of prisoners is 290, and the comers and goers in that period have been about 100. The internal police, therefore, of the institution is favorable to health.

A set of meddlers, under the false name of philanthropists, are continually exerting themselves to better the condition of prisoners at the North. One of their favorite projects is to have solitary cells—those idiot-making machines in which the mind is reduced to a state of unaccountability. Of all the barbarous devices of modern times, the solitary confinement system is the most odious, and stands parallel with the prison cruelties of by-gone ages. If it is an object of the State to drive erring humanity into the grave, to save the expense of maintenance, why let the prisoners be strangled and end their sufferings at once. A protracted death, by solitary confinement, has been proven, over and over again, to be inhuman, since it destroys the intellect, and reduces the wretched inmate to a mere vegetable existence.

The great end of the penal code is to restore transgressors to society, through the discipline of a prison; but these new fledged sympathizers, who are troublesome people in their best estate, positively lose sight of the humanity of legislation, and in their boasted triumphs in the cause of ameliorating the prisoner's fate, by consigning him to a solitary cell, drive him first to lunacy, and then to the grave. Instead of this system, we would say, give to prisoners in penitentiaries an opportunity to see each

other, even if they are not permitted to speak ; give them, too, a sight of the blue sky above, and allow them to breathe the free air, and to refresh their guarded bodies with the heavenly influences of the sun in an open yard occasionally. It leads to reflection, and to gratitude to God in many instances, for mercies which were never before properly estimated. It conduces to health, too, to muscular vigor, and encourages the poor outcast with a hope of life and future liberty.

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*Practical Treatise on the Diseases of Children.*—A third edition of this work is an unequivocal sign that it is in brisk demand. The author, James Stewart, M.D., of New York, succeeded admirably when he produced this excellent treatise, which has been everywhere received as authority. On the appearance of the first edition, some years ago, we gave our views so elaborately that it hardly seems necessary now to say more than that we have unabated confidence in Dr. Stewart's counsel and practical good judgment. Messrs. Jordan & Wiley have copies on sale in Washington street, near the head of Water street, Boston.

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*Neill on the Arteries.*—This book should be in the hand of every medical student. It is cheap, portable, and precisely the thing needed in studying an important, though difficult part of anatomy. All the descriptions are concise, and therefore easily remembered. The publishers are Messrs. Barrington & Haswell, Philadelphia, a firm well known this way for the good character of their publications. We are really in earnest in wishing to have Dr. Neill's charts of the arteries, all colored to the life, extensively used in the medical schools now in session. The publishers should send bundles of them to an agent near each institution. John Neill, M.D., Prosector in the University of Pennsylvania, is the author. Messrs. Jordan & Wiley have it in Boston.

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*New York Medical Intelligencer.*—D. S. Meikleham, M.D., has commenced the editorial management of a Medical Journal bearing the above name, which is to appear every other Wednesday, at \$2,00 per annum. It is like Braithwaite's Retrospect, or Rankin's Half-yearly Re-publication, entirely made up of foreign matter. With the multiplication of these medical *Recueils*, the sale of the periodicals from which the extracts are taken will have less encouragement than in past times. All new comers into the field of medical literature have our good wishes for their success, and the Intelligencer will therefore accept our salutations.

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*Bangkok Recorder.*—Nine consecutive Nos. of the first newspaper ever printed in Siam, were received here last week. The Recorder is printed in the Siamese character, under the immediate eye, and cost, of course, of the resident American Missionaries. Besides containing, we presume, a mass of local intelligence, we notice a generous intersprinkling of medical topics. There are two drawings of the heart and a colored plan of the circulation of the blood in one paper. Articles appear on the treatment of "incised wounds, aged people in Russia, smallpox at Calcutta, treatment of ulcers, chemistry, oxygen, intermittent fevers, resuscitation



from a stroke of lightning, origin of quinine, vaccination successful in Siam." All this must be strange to the heathen, but Christianity always favors the dissemination of useful knowledge. Dr. Bradley, of Bangkok, is distinguished for medical skill, perseverance and benevolence.

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*Views of Homœopathy.*—Daniel Holt, M.D., of New Haven, Conn., has recently issued a pamphlet of forty-eight pages, in which are set forth "*Reasons for examining and admitting it as a principle in medical science*"—that is, homœopathy. It would not particularly interest the reader were all the arguments re-published here, which are set forth by the author, as a kind of public explanation of the why and wherefore he has adopted the new system. Dr. Holt has been, we believe, a sincere, competent physician in allopathic practice; and since he has an unquestioned right, in this democratic country, of philosophizing or prescribing in the manner his conscience dictates, we wish him not only good success, but large fees also, as people appear to be satisfied, at this radical period in medicine, to pay large prices for small doses.

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*Rocking Lounge for the Sick.*—An ingeniously devised piece of furniture, which is called a Lounge, has been received in Boston from the inventor, Dr. E. B. Addison, of Owing's Mills, near Baltimore. It bears a general resemblance to a sofa, without a back. The two ends are of unequal height, but gracefully turned, scroll-like, so that as an article of chamber or library furniture, when tastefully manufactured, the appearance would be very appropriate. Such is its ingenious construction, that the invalid can rock himself with perfect ease, or the frame can readily be made immovable; and he can thus command for himself all the comforts of a bed, a cradle, chair, or simple settee. We have hardly yet had time, since its arrival, to ascertain all the properties or capabilities of this valetudinarian convenience, but we are solicitous to have the opinions of the profession and of manufacturers, and for that purpose their attention is invited. A specimen, not of the highest cost, however, is placed in the editor's study, Bowdoin street, for that purpose. Hereafter, further attention may be called to the subject.

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*National Convention of Physicians.*—The following preamble and resolution, submitted by Dr. Davis, were adopted by the New York State Medical Society, at its late meeting.

"*Whereas*, It is believed that a National Convention would be conducive to the elevation of the standard of medical education in the United States, and

"*Whereas*, There is no mode of accomplishing so desirable an object, without concert of action on the part of the medical societies, colleges, and institutions of all the States—Therefore,

"*Resolved*, That the New York State Medical Society earnestly recommend a National Convention of delegates from medical societies and colleges in the whole Union—to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

*Effects of Sedentary Occupations in the Production of Phthisis.*—The effects of sedentary employments in inducing phthisis are seen in the manufacturing town of Lille. Here the weavers, lacemakers, embroiderers, &c., die phthisical and scrofulous in great numbers. The general hospital there presents a remarkable proof of the fatal effects resulting from deficient exercise. The building is also an hospital or asylum for foundlings. The infants being received here are sent into the country, and on attaining a certain age are brought back to be educated. The girls are employed in spacious apartments at sedentary employments, the boys go out to follow different trades in the city. The latter, free to go about and with ample scope for exercise, are strong and robust; the former are pale, languid, and chlorotic. They seldom die of acute disease, but suffer from scrofulous affections and especially caries of the vertebræ. At Vienna, M. Fourcault found some mutilated mulberry trees opposite the windows of the girls' school-room in the foundling hospital there, and on inquiring the reason of their mutilation, was informed that their shade manifestly rendered the chronic affections from which the girls suffered more severe, and that since a freer evaporation and more light had been thus obtained, their health had visibly improved. As it was, a fifth of the females presented one or other form of rickets. At Marseilles, there is an asylum for orphans; in 21 years, 45 had died of pulmonary phthisis out of a total of 68 deaths.

M. Fourcault found the operatives of silk factories more liable to disease than those of cotton mills. The employment in mills generally is unhealthy in proportion as the rooms are narrow, dark and crowded, the toil prolonged, and the labor light, or rather not demanding much muscular effort. The inhalation of dust is much less injurious, he asserts, than is generally supposed. M. Fourcault quotes examples illustrative of this proposition. The contrary results are seen when the workrooms are spacious and well lighted and ventilated, as at Louviers and Elbœuf.—*British and Foreign Med. Review.*

*The Medical Profession in St. Louis.*—We have a list of the names of 146 persons who are endeavoring to obtain a livelihood by the practice of the healing art in this city, which includes the homœopaths, botanics, Thomsonians, &c. Of this number, probably 90 or 100 hold diplomas. With a population of 40,000, each would have 274 persons to attend upon, supposing the whole number to be equally divided; but when we consider the fact, that about one third of the number have a large practice, we are not surprised that a large number are unable to collect enough to pay their expenses, and the consequence is that many, after spending from one to three years, and the means which they brought to the city, leave and settle in the smaller towns in the surrounding country. Some, who are favored by circumstances, hold on, hoping that, with the rapid growth of the city, they will finally obtain a lucrative practice; others, determined to be employed, resort to whatever will obtain their ends, regardless of proper respect for themselves or their profession, by giving their professional services for little or nothing, and a constant endeavor to build themselves up by injuring the professional reputation of their colleagues. Real merit never goes long unrequited; and it is an acknowledgment of weakness, for any one to slander the whole profession because, forsooth, he has not sufficient merit to obtain a lucrative practice.

While the facilities for obtaining a medical education in St. Louis are not surpassed in any city in the West, and the city, in its rapid strides to greatness, has anything but a *sickly* appearance, it cannot rationally be supposed that its inhabitants are bound to sustain all the ambitious of the profession who prefer to practise in the West; nevertheless, they are always glad to rent their offices.—*Missouri Med. and Surg. Jour.*

*Lunacy in Scotland.*—A return has been published relating to lunatics in Scotland (moved for by Lord Ashley, M.P.) From this it appears that the gross total number of lunatics, parish paupers, and furious or fatuous persons confined in the various counties and stewardries of that country on the 1st of January, 1845, amounted to 1,694, of whom 785 males and 714 females (1,499 in all) were immured within public lunatic asylums; and 195 (92 males and 103 females) in licensed mad-houses. The number of lunatics privately confined under the provisions of the Act 9 George IV. cap. 34, at the same period, amounted to thirteen. The total number of dangerous lunatics committed by the sheriffs of Scotland, under the provisions of the Act 21 and 5 Victoria, cap. 60, has amounted, since its passing, to 155—viz., 110 males and 45 females.—*London Lancet.*

*Medical Miscellany.*—A young man died on board of a canal boat, lying at Oswego, N. Y., from taking too strong a dose of antimony, in liquor, which he was said to be using to cure himself of intemperance.—The twenty-third annual congress of German Naturalists will assemble at Nuremburg, Oct. 13th, and be in session three weeks.—Mrs. McDaniel, of Hagerstown, Md., aged 66, died of lockjaw induced by slightly wounding one finger.—A meeting of the Counsellors of the Massachusetts Medical Society will be held at the Masonic Temple, Boston, on Wednesday, Oct. 1st, at 11 o'clock in the morning.—Some very earnest people in St. Louis, Mo., appear to have taken the disease of animal magnetism the natural way. They had a meeting in the Court House, and passed some resolutions that sound prodigiously loud.—A man in the town of Broadalbin, Ohio, has such a distinct conception of the evils of modern social organization, that he fully believes there is no hope left, except through Grahamism, Thomsonism, and other isms too numerous to mention.—The suit, *Brockway vs. Shipman*, which was brought against Dr. Shipman, of Cortlandville, N. Y., for alleged mal-practice, has been withdrawn by the plaintiff, he being satisfied that an action could not be maintained.

MARRIED.—A. Parkhurst Ladd, M.D., U. S. Consul to the Society Islands, to Miss S. M. Buzzell, of North Weymouth, Mass.

DIED.—At New York, Dr. George Chapman, having been shockingly mutilated by an enraged cow, 85.—In Troy, Michigan, Dr. E. Judd, formerly a practitioner at Paris, Oneida Co., N. Y.—At the city of Washington, Dr. Geo. W. May, a native of Boston, 56.

Number of deaths in Boston, for the week ending Sept. 20, 53.—Males, 21; Females, 32. Stillborn, 8. Of consumption, 7—disease of the bowels, 11—inflammation of the bowels, 1—hooping cough, 3—dropsy on the brain, 2—lung fever, 2—cholera infantum, 2—infantile, 2—marasmus, 2—sudden, 1—teething, 3—apoplexy, 1—debility, 4—abscess, 1—dropsy, 1—canker, 1—gravel, 1—croup, 1—inflammation of the lungs, 2—smallpox, 1—scarlet fever, 1—typhus fever, 1—child-bed, 1—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 2—between 20 and 60 years, 14—over 60 years, 4.



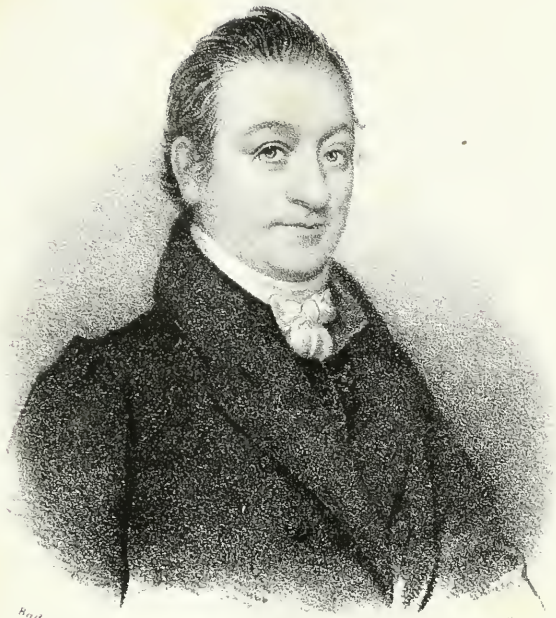
*Health of New Orleans.*—Our city continues in the enjoyment of excellent health. We doubt whether any other, of like population, is more blessed in this respect. Intermittent and scarlet fevers are the most common diseases, but even these prevail to a very limited extent. Scarlet fever is confined chiefly to children, and certainly continues unusually late, especially when we consider the extreme warmth of the season. There have been a great many deaths from *coup de soleil*, or sunstroke; we heard of as many as eight in a single day. The Board of Health published some advice upon the subject, and recommended the public authorities and citizens generally to suspend work in the sun, for a few hours in the heat of the day. This was attended to for some time, and the result was beneficial.

This has been one of the warmest summers ever experienced in this city. The thermometer is variously reported on some of the hottest days. One of our city papers (the *Picayune*) states it to have risen as high as 98 deg. It was the same in the office of the St. Charles Exchange: and by comparison, these thermometers agreed with each other. At other places, on the same day, it was noted as only 96 deg.; whilst with our correspondent, Mr. Lillie, who is as careful as it is possible to be, the thermometer on the same day only rose to 92 $\frac{3}{4}$  deg.

We have no yellow fever as yet, but there is still sufficient time for a dreadful visitation. There were but five cases of this disease in August of last year, and only *four deaths*. By reference to a table published in the first No. of this Journal, which shows the date of the *first and last* cases of yellow fever in each year, for a period extending from 1822 to 1844, at the Charity Hospital, it will be seen that whenever an extensive epidemic has prevailed, it has generally commenced earlier in the season than this. To cite a few instances:—in 1833, first case July 17th; 1837, July 13th; 1839, July 23d; 1841, August 2d; 1843, July 10th. In 1835 it commenced a little later, August 24th; but in 1829, a great deal earlier, viz., May 23d. These are the most remarkable epidemic seasons within the period stated.—*New Orleans Med. Journal for Sept.*

*Health of St. Louis.*—We have never known St. Louis more healthy at this season of the year than it is at present. The bills of mortality are nearly one third less than they were at this time last year, while our population has increased some thousands. For two or three weeks in the month of July, and for a few days in August, the weather was very hot, the thermometer ranging from 90 deg. to 94 deg. With these exceptions, the temperature has been pleasant. Throughout the season we have had frequent and refreshing rains.—*St. Louis Med. Journal, Sept.*

*Preparation of Inspissated Ox-gall.* By R. H. ALLNATT.—An open vessel, containing the contents of two or three recent gall-bladders, is to be plunged into a saucepan of boiling water, and simmered until the bile acquires sufficient consistence to be formed into pills. The addition of a small quantity of magnesia will expedite the process. The gall must be frequently stirred to prevent empyreuma, and produce a perfectly homogenous extract. Thus prepared, it is almost inodorous, intensely bitter, and will keep good for years. When required for use it should be softened by gentle heat.—*London Lancet.*



*Knicker, Pinet.*

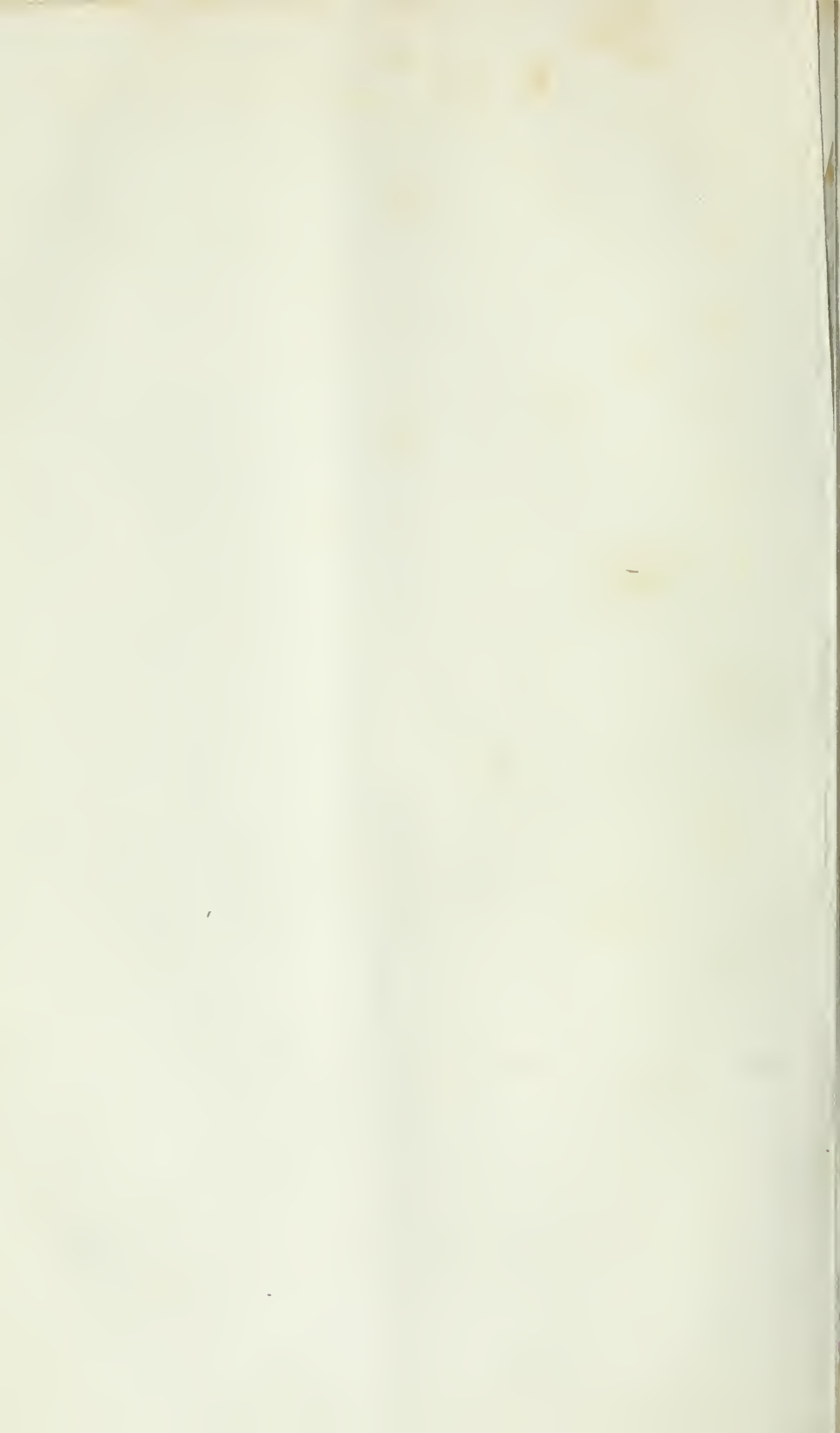
*W. Shaw & Co. Lith. Boston.*

WENTWORTH PAGE, N. H.

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THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, OCTOBER 1, 1845.

No. 9.

MEMOIR OF BENJAMIN PAGE, M.D.\*

Born April 12, 1770; died Jan. 25, 1844.

[Communicated for the Boston Medical and Surgical Journal.]

"On doit des égards aux vivans; on ne doit que la vérité aux morts."

THE living owe the dead, who have spent a long and highly respectable and useful life in the midst of them, a public exposition of their virtues. To friends it furnishes a precious memorial; to successors it transmits a loved image of departed excellence. It greatly serves to arouse and confirm virtuous resolutions and useful efforts, and repress and weaken the application of native endowments and acquired powers to frivolous or hurtful purposes. In the memory of the good deeds of the departed, we may learn

"How much it is a meaner thing,  
To be unjustly great than honorably good."

These reflections have been suggested by the death of the late BENJAMIN PAGE, M.D., M.M.S.S., of Hallowell, Maine, who died on the 25th day of January, 1844, in the 74th year of his age.

Dr. Page, whose death excited so much interest and called up so much general feeling, belonged to a family of great respectability and medical talents. His father, Benjamin Page, served as hospital surgeon in the Revolution, and accompanied the celebrated Starke, of New Hampshire, in his early campaigns, and died at Hallowell in 1820, at the advanced age of 76. The son, following the example of the father, chose the medical profession, in which he soon acquired an enviable distinction, and practised with a constantly increasing reputation and success to the end of his long and eminent career, on the very spot where more than half a century previous he reared his medical banner and commenced the monument of his fame. His eldest son, also, follows *pari passu* in his footsteps, having taken his medical degree at Harvard in 1821, and need ask for no greater honor than that his father's mantle should fall upon his shoulders.

Dr. Page was born April 12, 1770, at Exeter, in the State of New Hampshire, and received his preparatory education at the Academy in

\* This Memoir was intended for an earlier No. of the Journal, but owing to some delay in procuring the lithographic likeness which accompanies it, it has necessarily been reserved for the present time.

that place, which was then under the superintendence of Woodbridge Odlin, and which has ever been one of the most celebrated institutions in New England for the thoroughness of its instruction, and the character of its pupils. His professional studies were pursued under the direction of his father, and the celebrated Dr. Kittredge, of Andover, Mass., a physician and surgeon at that time of extensive practice and distinguished reputation. He began his professional career at Hallowell, in 1791, and here pursued it, "in season and out of season," with an uncompromising diligence and success for more than half a century.

In 1793 he went to Boston to place himself in the hands of Dr. Aspinwall, to be inoculated for the smallpox, in a hospital which had just been established in Brookline. Finding it closed on his arrival, he proceeded to Dunbarton for the same object. Disappointed here, also, and zealous and determined in the object he had in view, he repaired to his uncle's in Ware, where he and another young physician, and several of the family, submitted to smallpox inoculation, and remained in close confinement about a month; passing an ordeal which at that time was regarded as among the severest and most perilous to which youth or manhood could be subjected. To show how little apprehension was entertained, however, by the subject of this memoir, he used to relate that he and his companion passed the whole of their confinement very cheerfully, and entertained themselves agreeably with music, &c., most of the time—he playing the flute with considerable taste and execution, and his medical companion the violin.

After his recovery from smallpox, Dr. Page returned to Hallowell to resume his practice, and with the intention of opening a smallpox hospital upon a little island in what is now called Allston's lake, in Winthrop, a few miles west of the Kennebec. While matters were in progress, however, for this enterprise, he was furnished with some vaccine matter by his most intimate and attached friend, Benjamin Vaughan, Esq., who had just received it directly from the hands of Dr. Jenner, of London. He immediately made use of it, and *was the first American physician, be it known, who applied the vaccine virus to the arm of the human subject in this country.* Great was his disappointment, however, on finding the matter dry and inert, more especially as a portion of the same parcel which had been sent to Boston proved operative, and gave to a distinguished medical philosopher of the times the enviable reputation which he himself would otherwise have obtained. A few days subsequently he received another parcel from his estimable friend Dr. Jackson, of Boston, and availing himself also of fresh matter from the arm of a lady who had been vaccinated there, and who is since allied by marriage to his own family, he renewed his efforts with success, and was the means of thus early distributing this great blessing of mankind through the whole circle of his practice. The success of the vaccine superseded the necessity of a smallpox hospital, and although considerable expense was incurred in the enterprise, it was abandoned almost as soon as conceived.

In 1796 he married Abigail Cutler, of Newburyport, a lady of great personal beauty, and who to many polite accomplishments, joined the

more amiable virtues of the mind. All who know her appreciate her amiability of character. Her watchful devotion to her invalid husband during his protracted illness was the admiration of every one. "Here the spirit of the wife and mother rose superior to an ordinary nature. Night after night, without closing her eyes, did she watch 'with patient, vigilant, never-wearied love,' at the bedside of the object of her long-cherished affections. Week after week, and month after month, did she patiently devote to the languishing sufferer. With noiseless step would she pace the chamber, fearful lest the slightest foot-fall should disturb the hoped-for slumber of her idol-one. No toil, no privation, was shunned by her. Untiring and self-sacrificing in her disposition, her world was narrowed to the limits of the sick one's wants, hopes and changes. The angels of heaven must contemplate such conduct with looks of love and admiration. It is in such moments we appreciate the mother, the wife, the woman."

From the day of marriage to the death of her beloved husband—the "beloved physician"—they were never separated; and it is worthy of especial remark, that this is the first and only death in the family that has ever occurred; while there is not a house nor a family in the town and those adjoining, numbering some fifteen or twenty thousand inhabitants—save, perhaps, the more recent settlers—where there has not been some change by death or removal, except this; which has remained the same, "unchanged and unharmed," till this visitation, for upwards of forty years. Here had they happily lived together, surrounded by their children's children, fully realizing the truth of the wise man's saying, "The just walketh in his integrity; his children are blessed after him."

A trifling incident of a domestic nature, but not too trivial, perhaps, to be noticed here, will serve to show how accidental and arbitrary often are the names of children. Each of the fond parents had a favorite family name to bestow upon the first-born, and it was decided to place them with others among some blanks and draw for a choice. Fortune decided in favor of *both*, and the names were then united, and impressed, at the baptismal font, upon the future man.

Dr. Page was a man of large stature and good form, and of a mild and benignant countenance. It beamed with a lively intelligence, and a good natural expression of mirth and cheerfulness lay over all. His head was small, his eye reflective, but clear and benignant, and his whole features expressive of the livelier affections charity and love. He was regularly handsome in youth, and even in the decline of life and under afflicted health, was a person of prepossessing and commanding appearance. He possessed the qualities of a true gentleman, suavity and benevolence of disposition, a nice perception of the proprieties of social life, and a spirit of deference to the feelings and rights of others.

In youth he was gifted with sound health and strength. While a pupil at Exeter, his father's dwelling, which was directly opposite the Academy, caught fire and was consumed. During the progress of the flames he entered one of the rooms and removed a large book-case with all its contents, and safely deposited it in the street. The next morning he in vain attempted to raise it, and could never afterwards move it from



the floor—showing the effect of personal strength when under the influence of excitement or alarm. Many years ago his father's house in Hallowell, and nearly opposite the Academy too, was set on fire by a free negress, a servant in the family, and though living at a considerable distance, he was enabled to reach it in time to give his assistance, and aid in preserving it from the flames.

Dr. Page devoted himself almost exclusively to his profession, and ambitious of elevated distinction, he enjoyed with complacency the unrivalled success which he early attained. His advantages of professional education were not equal to those of the present day, but the benefit he derived from a free access to the best private medical library in New England, that of the late Benj. Vaughan, Esq., LL.D., and an intimate personal intercourse with him, who constantly possessed the improvements in the science of medicine, more than counterbalanced the defects of early advantages. Possessing naturally a strong mind, whose powers were happily adjusted, he was able to make all sources of knowledge and means of improvement which lay in his path subservient to his use. The distinguishing trait of his mind was judgment, which conduces more than any other to distinction in the medical profession. Of a manly and ingenuous disposition, he disdained to practise any of the arts of quackery. He never made any efforts to acquire the talent to display his knowledge for the purpose of obtaining the reputation of a learned man, but was content to evince, on all occasions, an ability equal to the exigency of his situation. His resources were shown by what he could or did do, rather than what he could or did say. Hence his professional distinction was not so extensively known or so generally acknowledged as it otherwise would have been. He was a happy exemplification of the Latin motto, "*esse quam videri malim.*" I should wish to *be*, rather than to *seem*.

It is no slight evidence in favor of his character as a physician, that he was able to sustain his reputation in competition with junior members of the profession, who had been enriched by all the improvements and helps of the discoveries and advantages of medical science within the last fifty years. In no other science have equal improvements been made within the same period. The character of his practice was cautious and considerate, in opposition to adventurous and precipitate, the ripened fruits of much reading, large experience, deep thinking, and uncommon accuracy of judgment. Hence most of those who employed him as a physician had profound confidence in his medical skill. His patients generally thought that under his care they were sure of receiving all the aid which a physician could administer. His deportment in the sick chamber was bland, tender, soothing, sympathetic, delicate and winning. When he conquered the disease, he usually gained the heart. He sacredly observed the principle of concealing in his own bosom whatever he might witness in his patients, or the family where they were, that could by communication to others possibly prove injurious to them. This is an indispensable and invaluable quality in a physician; too little appreciated—too often wanting. It was the bright jewel of his character—the crowning virtue of his life.

Dr. Page's great fort as a physician was the management of *fevers and chronic diseases*. In his treatment of *surgical diseases* he was also particularly successful. He made no attempt to excel in operative surgery, though there are few of the minor operations which in the course of his long practice, he had not repeatedly and successfully performed. His chief end and aim was to restore wounded and lost parts, and to avoid operations when practicable; and there are many now living who owe to him the preservation of "life and limb," which might have been mutilated or destroyed in more adventurous or less skilful hands.

He never sought for extraordinary cases to herald his skill, being satisfied with the triumph of the moment, and relying on the *semper paratus* which should always attach to the physician and surgeon—never losing sight of the truth conveyed in the beautiful thought of Milton,

—————to know  
That which before us lies in daily life,  
Is the true wisdom.—————

In the management of *dislocations and fractures* he was particularly expert and invariably successful. His treatment of *consumption* differed from most other practitioners, and was cordial and restorative instead of depleting and debilitating; and he was happy to find, towards the close of his life, that his system of practice was beginning to be more generally appreciated, and adopted with the happiest results. The bugbear *inflammation*, which in these northern latitudes leads to such deplorable and fatal mischief, in the indiscriminate use of calomel and the lancet, never haunted him in his practice. He often cautioned his pupils against their baneful effects, and thought it better for young practitioners to avoid them altogether, till from riper years and observation they had learned to estimate their importance, and successfully apply them to practice. "Better," he would say, "never used, than universally abused." Verily their name is legion, and their work is death—and he enforced his counsel in his earlier and later years, by two memorable examples, Presidents Washington and Harrison, both of whom fell melancholy victims to a false and irrational system of practice, and the deplorable errors of the schools. *Falsus principia, falsus medicinæ.*

Dr. Page was unsurpassed, also, if not unequalled, in the success of his obstetric practice. How important he regarded, and how successfully he practised it, appears from the fact that he attended upwards of *three thousand females in their confinement, without the loss of a single life from the first year of his practice!* This is almost miraculous, and may challenge the professional records of Europe or America for anything to compare with it. The causes of this success may be traced chiefly to his uncommon tact and skill, but above all to his intuitive knowledge of disease, his profound and unerring judgment, and the unbounded confidence everywhere and at all times, and in all emergencies, reposed in him; and lastly, to the preparatory measures, and the soothing regimen which he usually advised those who submitted to his charge. He rarely invoked instrumental aid, or made use of those popular and energetic means so common in the hands of others. In this branch

of his profession particularly, he left all his competitors behind him, and ever mindful of the golden maxim, especially applicable to obstetric practice, *Festinare nocet, nocet et cunctatio sæpe*, he triumphed in the art, and met with unparalleled good fortune and universal success.

His treatment of juvenile cases was signally successful. This is to be ascribed to his superior judgment.

In his treatment of fevers, especially the frightful plague or spotted fever of 1812-14, he justly acquired much celebrity. Within the sphere of his practice it was rendered well nigh harmless, and the remembrance of his medical offices to many now living will be a source of grateful endearment and delightful satisfaction.

The epidemic spotted fever made its appearance in 1810, and till 1816 prevailed at Hallowell and its vicinity with great severity. It fell to the lot of Dr. Page to devote a large portion of his attention to the sick during the prevalence of this epidemic. Several thousand cases fell under his observation; and he is entitled, says the distinguished author and practitioner, Dr. Thacher, to much honor, and to the gratitude of the public, for his correct observations, his indefatigable industry and his very judicious mode of treatment, by which the disease was divested in a great measure of its malignity and fatal tendency.

The late accomplished and much lamented Dr. Robbins, in alluding to this epidemic in an early No. of this Journal, says of his beloved and distinguished preceptor, Dr. Page, "his talents, judgment and practical skill, would alone redeem the professional character of his State. We have never," says he, "in any country met with a medical practitioner whose views are more liberal or just, or in whose hands we should so willingly entrust ourselves in a dangerous disease. His unexampled success in treating the *spotted fever* which prevailed in 1814, whilst so many were falling victims to the disease in the neighboring towns, and many cases which have come to our knowledge of his successful management of pulmonary inflammation, dropsies, curvatures of the spine, and other obstinate chronic affections, would, if given to the world as they ought to be, constitute a basis of lasting fame, and be an ample herald of his sound practical judgment, and extensive information on professional subjects."

Dr. Page, however, was never ambitious of becoming a medical author. His time and attention were too exclusively devoted to practice, and had he desired he could scarcely have found time, up to the close of his active and practically useful life, to have distinguished himself as a writer. Yet some of his publications do him great credit, and his monographs upon the *Spotted Fever* and *Scarlatina* are not without their value. The admirable history of their symptoms, together with the details of successful treatment, deserves all the praise of originality, having been written entirely from personal observation. It is not claiming too much for them to say, that they contributed greatly to reform the practice in these hitherto fearful and fatal maladies, and to divest them of much of the terror and fatality which in New England, as elsewhere, has ever attended them. The opinions of a skilful and discerning prac-



tioner of *fifty years experience*, it has been well said, are entitled to uncommon regard.

Dr. Page's familiarity with the classics was by no means limited. He had a good knowledge of the ancient languages, and especially the Latin, so important to the physician; and he early acquired a partial knowledge of the French also, which on more than one occasion he was enabled to turn to good account. Prince Talleyrand, "fifty years since," while on a visit to Maine, was the guest of his next-door neighbor and friend, and availed himself of his medical advice; and more recently Count Ney, the son of Marshal Ney, while making a flying tour through the State, was arrested by disease, and became the subject of his skill. The royal patient was so well pleased and satisfied with his medical adviser, that he called upon him directly after his recovery from a dangerous illness, to express his gratitude and thanks, and before leaving town addressed a polite note to him in French, enclosing within it five times the amount of his fee. These may seem trifling circumstances to many, but they were a pleasing source of gratification to the deceased, and show moreover how universally he was estimated and beloved.

He was often called upon to visit patients in distant towns, and to prescribe for persons in foreign States, and he had the pleasure of almost invariably learning from them that his counsel was generally approved by the profession, and his prescription beneficial to the sick. Indeed, there is hardly a town or village within a circuit of thirty miles (and there are many) to which he was not called to attend the sick, and from which some one or more persons have not consulted him for his medical advice. For many years he controlled the best practice in the several towns of Hallowell, Augusta and Gardiner, and there are many families in each who continued to avail themselves of his medical services and advice as long as he was able to render them. During the epidemic *spotted fever* he was constantly written to by his medical brethren from all quarters, soliciting his opinion in regard to the epidemic, and his mode of treatment. He never withheld an answer, but disclosed frankly and freely all he knew upon the subject—all of his own discoveries and the practice he found most useful, and the remedies most successful in controlling the disease. In his medical principles he was strictly eclectic and rational. He was a true "minister and interpreter of nature," following no particular school or sect, but drew what he esteemed to be good and profitable from all sources, and applied his knowledge, without regard to particular or prevailing theories, to the treatment of disease. In consultation he was remarkably courteous and prudent. As was said of Hampden, on another occasion, he presented that rare affability and temper and a seeming humility and submission of judgment, as if he brought no opinion of his own with him, but a desire of information and instruction. Yet he had so easy a way of interrogating, and under cover or doubts of insinuating his objections, that he infused his own opinions into those from whom he pretended to learn and receive them. Whenever his opinions were fixed and he could not comply, he always left the impression and character of an ingenuous physician and a conscientious

man. He parted from his compeers with the benediction of Horace, "Farewell, and be happy. If you know any precepts better than these, be so candid as to communicate them—if not, partake of these with me."

—————"If a better system's thine,  
Impart it freely, or make use of mine."

"In truth, he seemed, above most others, to have been gifted with the true genius of the medical art—an instinctive, unerring sagacity in detecting the nature of the Protean forms of disease, and applying the appropriate remedy. Frank and gentle and unassuming in his manners and deportment, he displayed the 'power of the art without the show,' and at all times and on every occasion manifested the calm energy and moral courage, and self-devotion, so eminently characteristic of his noble profession."

Dr. Page was very communicative to his pupils, to whom he was ever kind and instructive. Some of them have become quite distinguished—and there are those who have carried his treasured precepts to the South and to the West, and to the West Indies; and adopting his gentle manners, his temperate habits and medical code of practice, have invariably found friends and met with professional success.

Upon such a physician the Board of Bowdoin College conferred the honorary degree of Doctor in Medicine.

The following comprises a list of his writings and publications, as collected by the writer of this memoir. 1. An Account of the Malignant Fevers at Hallowell, in the summer and autumn of 1798–99. 2. Observations on Epidemic Dysentery as it appeared in 1800. 3. Typhus Fever in 1807. 4. Memoir upon the Spotted or Petechial Fever of New England, 1816. 5. Case of Poison by Arsenic, successfully treated, 1820. 6. Practical Observations on the Treatment of Scarlatina, 1833.

Dr. Page was for many years a member and Counsellor of the Massachusetts Medical Society. He regarded the institution as of great consequence to the profession, and spoke of his connection with it with infinite satisfaction, and seemed to have its interests and welfare continually at heart. He was a regular subscriber, and occasionally a contributor, to the New England and Boston Medical Journal, from its first series, and regularly received and perused its interesting numbers for upwards of 30 years. He had them carefully preserved and bound, and they comprised a portion of his medical library which he left to his eldest son in Louisiana, and are, perhaps, the only complete and perfect copy in the State. He was early initiated into the "ancient and honorable Fraternity of Masons," of which he was a zealous and faithful member, and the highest degrees of the order were conferred upon him, and worn with characteristic modesty worthy of himself and the charitable institution to which he belonged.

Throughout the whole period of his long, laborious and useful life, he played the part of the "good Samaritan." He was unostentatious in his habits and simple in his style of living and dress, and so averse to no-

tority and display, that he often manifested a shrinking and retiring modesty in society that was truly delicate and feminine. His temper was uniformly serene, and his patience christian-like and enduring. There was no duplicity—no double-dealing—no faithlessness in his trust. Whatever he promised, he executed in good faith. His character, in truth, was one of the brightest emanations of a medical philosopher and a christian philanthropist. He ever lived within his means, and never embarrassed himself or his family with speculative wants. He was especially liberal and provident to those dependent upon him, and nothing that was wished for or demanded by them was ever withheld. He was ever ready to make all sacrifices for the happiness of his children, to whom he was so dear. He was the pride of their affections, the long-cherished idol of their hearts. He was unambitious of worldly riches, knowing that happiness did not consist in accumulated wealth, but in temperance and contentment of heart, and a cheerful reliance upon the providence of God. He was extremely prompt and punctual in his professional visits, and considerate in his charges; and there are recorded upon his books the names of many persons and families whom he regularly attended, without the slightest compensation, for a period of thirty or forty years. There were thousands to whom he gave both advice and medicine without charge. With the same amount of practice and the customary fees, for the same period of time in New York or Boston, he would have realized as great an income as Sir Astley Cooper, and left to his family and children a princely estate. But the poor he always had with him, and he never turned a deaf ear to their wants, or sent them empty away.

As a citizen his character deserves high commendation. In all things which related to government and religion he exhibited always a tolerant and charitable spirit. The peace, harmony, welfare and happiness of the community were objects in his judgment of great importance and constant pursuit. The rich and the poor, the high and the low, equally received his regards and his services. He was not only the sick man's doctor, but the sick man's friend. He was equally distinguished by compassionate feeling, and sedulous attention, and exhibited the same sympathy and kindness, and the same watchful solicitude by night and by day, and where he had no expectation or hope of pecuniary reward. No wonder, then, that the endearing phrase of "beloved physician" should have been universally applied to him. "I never," said a distinguished divine, in discoursing upon his memory, "I never happened to hear that he had an enemy. So far as I have known him, and that for *fifty years*, he has been marked for correctness of morals, and regularity of life; and I suppose I express the views of all who hear me, when I say, his course was 'without rebuke.'"

With party politics he had nothing to do. In his principles established, in his opinions persuaded, modest and tolerant, you would always find him in the path of duty and on the side of order and rectitude. Ever ready to concede honest intentions to others, he maintained his own opinions with firmness; while he endeavored, both by precept and example, to allay party feelings, and to teach his fellow citizens to regard them-



selves as members of the same great family. In his professional visits he never kindled the fire of political or religious agitation and discord, nor infused into his prescriptions the ingredients of licentiousness, infidelity and insubordination to the laws of God or man.

No citizen has greater power of doing mischief in society than a physician. His character as a man, therefore, should have great influence upon the community in determining the measure of patronage they should give him in his practice.

Such a man as Dr. Page could not be other than he was, the best of husbands, fathers, brothers and friends. What he was as a husband, the grief and wounded heart of his surviving partner in life, professor of the same faith, are a testimonial. As a father, such was his tenderness and solicitude, that he could not but conciliate the endeared affection of his children, which will cause this stroke of their God, in their bereavement, to be felt deeply and felt long.

To crown all his other excellences, in the latter part of his life he professed the faith and exhibited the character of a Christian. His religion partook of his natural temperament of mind. It was unpretending and noiseless, but seen and felt. It was an humble and sole reliance upon the mercy of God through Jesus Christ. It was an anchor to his soul in the storm of death.

And what life or death can be happier than that of a pious father of a family, who having filled all the relations of life with honorable and christian fidelity, and conscientiously discharged his duty to his Creator, to himself, and his family, "tenderly affectionate and tenderly beloved," and who, leaving an honorable name behind him, and his family without a stain, dies in the faith of a christian, and with an abiding hope of a blessed immortality beyond the grave!

As he commenced his professional career with that terrible scourge the smallpox, so his life, by a singular fatality, was terminated some fifty years after, in consequence of a personal infection of this loathsome disease. Nearly or quite two years before his death, the varioloid disease was brought to Hallowell, and either by accident or design, or both, communicated to several of its inhabitants. A young physician—a former protégé of the deceased, and whose ingratitude was a poor return for the many kindnesses he had received—to escape the danger and odium of having first communicated the disease by inoculation, reported that he had received the matter from Dr. P. Fortunately, however, for the purity of his reputation, which was to pass unsullied to his grave, two other physicians in town had obtained matter from him, just then received fresh from a friend in Boston, which he generously shared with them, and both parcels proved pure and efficacious; while his "ungrateful friend" declined accepting any, or made use of that which was derived from another source. Certain it was he communicated the smallpox or varioloid by inoculation, and two young and destitute females soon after died of the disease. As he had sown, so did he reap. Dr. Page was summoned to their death-bed to pronounce upon the character of the malady, and to warn his protégé and the public of the nature of the plague thus intro-

duced. The poison had been communicated and the plague-spot could not be healed. The alarm became general, and the sudden death of the two young females served to awaken public sympathy and public fear. A hospital was immediately provided in the suburbs of the town, and all the cases as they occurred sent directly thither, under the sole care and superintendence of Dr. Page, who alone was chosen by the Town Council to manage the disease. Some thirty-five or forty cases were admitted, all of which, by his unwearied attention and skill, which never slumbered nor slept, passed harmlessly through the disease. Not a death occurred. Here, too, a protecting Providence seemed to attend him. His friends all wondered at the result, and his triumph over detraction and disease was not less gratifying to himself and family than to the public generally, and the afflicted inmates who had safely passed the ordeal of a dangerous and most afflictive malady.

But what proved harmless to the patient, was in the end fatal to the "friend and physician." His zeal and assiduity were too much for his constitution and his years. His long and frequent exposure to the small-pox infection disordered and weakened his system, and enabled an old enemy—the gout—to triumph over his usually robust health, and terminate his life. His illness was long and painful, and his bodily frame wasted; but his mind held out to the last pulse of life. His disease, or rather complication of diseases, was such as to forbid the hope of recovery—but all was peace within.

His last professional visit was made about a year previous to his decease; though he prescribed for patients at various times, and the prescription he wrote the week before his death, though looking then hourly for the event, was marked with all the perspicuity and plainness of his better days. In his greatest paroxysms of distress no murmur was known to escape his lips, though he often longed for his departure. On the evening preceding his death, when the symptoms betokened the coming dissolution, and called forth the tears and groans of friends gathered at his bed-side, it was impressive to hear him say, "*Why grieve immoderately? all will be well!*" And we trust all is well.

After prayers were offered up for his quiet passage through the dark valley, with great self-possession he prayed audibly himself. As he lived, so he died—with

———"All that should accompany old age,  
As honor, love, obedience, troops of friends."

"Why weep we then for him, who, having won  
The bound of man's appointed years, at last,  
Life's blessings all enjoyed, life's labors done,  
Serenely to his final rest has passed;  
While the soft memory of his virtues yet  
Lingers like twilight hues, when the bright sun is set."

## POISONING BY OXALIC ACID.

By James Ogilvy, M.D., Coventry.

On the 3rd of August last, I was called suddenly to visit Mrs. S——, a widow, aged 43, who was represented to be dangerously ill. I lost no

time, and the place being near at hand, I was there without delay. I found the patient sitting in her bedroom, dressed, but quite dead. Mr. Bury, who was sent for at the same time, was also present. It appeared that about three hours before, she had ate a hearty dinner, and had been occupied afterwards, till a short time before her death, in reading. Her sister was with her all the time, and also accompanied her to her bedroom, when she made no complaint. Her sister then left the bedroom for a few minutes, not exceeding four, and on her return found her faint and vomiting. She did not appear to suffer any pain, and though at the last gasp, was quite collected.

On inquiry as to the cause of death, the friends, from the hints which she had occasionally dropped, suspected she had poisoned herself; but from there being no smell of prussic acid about her mouth, or among what she had vomited, I was more inclined, judging from previous symptoms, to suppose that a rupture of the heart, or some of the neighboring vessels, had occurred. A tumbler stood on the table, which, in the hurry, was used to hold some brandy and water, but her sister-in-law stated, that on taking it up at first it was quite clean and dry.

About a month before, I was consulted on her case by her brother, at whose house she was residing, and found her laboring under great depression of spirits, and most gloomy forebodings as to future prospects. Her husband had lately died in London, and though she was surrounded by kind friends, and in easy circumstances, still, to her imagination, want and poverty were always impending. Strange to say, however, her appetite was always good, even voraciously so. In addition to the above, she complained of much palpitation. The impulse of the heart was felt and heard over a considerable space, the pulse strong, full, and regular, leading me to suppose that hypertrophy of the left side of the heart existed. She experienced relief from the treatment adopted, but still without any abatement of her mental distress.

A coroner's inquest having been ordered, the body was examined next day, in presence of Mr. Bury, Mr. Tyerman, and myself. The body was emaciated; the lower part of the chest much contracted, evidently the effects of tight lacing. Considerable lividity was observed on the sides and back. The mouth and tongue had a bleached appearance, but not corroded. The brain was healthy, perhaps rather vascular. The heart was slightly enlarged, without perceptible thickening of the walls, but was more heavy than usual—a condition which agrees with Dr. Clendinning's remark, that hypertrophy might be found to exist by having recourse to the balance, though it might not be obvious to the eye. There was no rupture of the heart, or any vessel connected with it, and no disease of any of the valves. Both ventricles were full of black uncoagulated blood. On opening the abdomen, we found the liver much enlarged, but were most struck with the appearance of the stomach, which was in a state of considerable decomposition. The coats were soft and friable, indeed, so easily torn were they, that when ligatures were applied to each orifice and the viscus removed, the weight of the contents produced laceration. The neighboring intestines, and the por-



tion of the left lobe of the liver in contact with the stomach, were similarly disorganized, as if the contents of that organ had transuded and affected them. The stomach was half full of a dark gelatinous-looking mass, the taste of which was intensely acid. On washing the stomach, the coats were found pale, the blood-vessels ramifying on the surface being dark, and filled with coagulated blood, thick, like extract. The cardiac orifice, and lower portion of the œsophagus, appeared as if boiled, the mucous coat being white and easily detached.

On subjecting a clear solution of the contents of the stomach to analysis, we found—1. That it reddened litmus-paper. 2. A solution of nitrate of silver threw down a dense white precipitate, which was re-dissolved by the addition of nitric acid. 3. Lime-water threw down a white precipitate, which was also re-dissolved by nitric acid. 4. A solution of sulphate of copper produced a greenish-white precipitate.

Judging from the appearances of the stomach, and from the results obtained by the tests, no doubt remained on our minds that death was occasioned by swallowing a solution of oxalic acid, in which opinion the jury coincided. Some days after, our opinion as to the cause of death was confirmed, by the discovery, in the deceased's bedroom, of about an ounce and a half of oxalic acid loosely wrapped in a piece of newspaper, and which, from its crushed appearance, had probably been carried in her pocket for some time previously. On testing this, and comparing it with oxalic acid, they were found to agree in every respect.

The remarkable circumstance connected with the foregoing case, was the rapidly fatal nature of it. A large quantity of the poison, probably one or two ounces, must have been taken, which had speedily induced vomiting, prostration of strength, collapse and death. There can be no doubt, from the surveillance which was kept over the patient, that the poison, even supposing it had been previously dissolved and kept ready, had been swallowed during the few minutes the sister was absent from the bedroom; consequently, it appears that death occurred within three minutes after the poison had entered the stomach. I have never before met with, or heard of, any well authenticated case of the same nature so rapidly fatal. Dr. Christison mentions one where death occurred about half an hour after two ounces of the acid had been taken, and another, which was considered remarkable, where only ten minutes elapsed.—*London Lancet.*

#### SELECTIONS FROM FOREIGN JOURNALS.

*Diagnosis of Pleurisy.*—The existence and characters of bronchial respiration in pleuritic effusions have attracted considerable attention in France. That the sound of respiration is not obliterated in pleurisy has been maintained by M. Hirtz, Andral, Cruveilhier, and many others. M. Monneret has given his experience on this subject. The sound, he says, in most cases, resembles that of expiration as heard under the clavicles in different stages of pulmonary phthisis. Usually, the inspiratory sound is

scarcely appreciable, and the abnormal sound accompanies expiration only. When both inspiration and expiration are heard, the latter is always the most intense. Though, in many cases, the "soufflet" of pleurisy differs from that of pneumonia, it presents shades, and cannot be distinguished by its "timbre" alone. It is usually heard over the inferior angle of the scapula and its lower third, or even as high as the spine of the scapula, and along its inner border. Wherever the tubular soufflé of pleurisy is heard, ægophony (not bronchophony) is also present, [?] and dullness on percussion extends as high as the spine of the scapula. Five cases are given, corroborating the above statements, and in which the true symptoms and signs of pneumonia were absent, and the treatment such as would not have proved sufficient in pneumonia.

M. Netter also states that he has found bronchial respiration to be a frequent phenomenon in pleurisy, and points out the intimate connection between ægophony and the pleuritic "soufflé," the latter being as constant as the former. In every case in which ægophony was present, the bronchial murmur accompanied expiration, and was sometimes feeble, of short duration, and metallic in its character. The latter circumstance he considers important, as explaining the nature of ægophony. He rejects Laennec's explanation of this phenomenon, which he states he has met with when the fluid effused was considerable. He, in fact, believes it to be dependent on the bronchial murmur, and affirms that the former is the more trembling and stuttering in its character, in proportion as the latter is stronger.—*Brit. and Foreign Med. Review.*

*Contractility and Retraction of Fibro-Cellular Tissue.*—M. Gerdy relates the following case:—A workman, 34 years old, received on the upper part of the anterior surface of the fore-arm, a wound of ten *centimetres* in length; a bandage with diachylon having been applied, an erysipelatous inflammation of the skin took place between the wound and the elbow. The borders of the wound were swollen, gaping, and the tendon of the anterior radial muscle was uncovered; the movements of the hand were difficult. By degrees the wound healed, a cicatrix forming close to its upper corner. About three weeks after the wound was received, attention was attracted by the inability of the patient to move the wrist and fingers. The fore-arm was bent at the elbow-articulation, the hand was also bent towards the fore-arm, and the four fingers towards the hand. On an attempt to stretch the fingers, the aponeurosis was seen, and felt strongly strained under the skin from the elbow-articulation to the palm of the hand; and under the upper part of the wound was a firm surface, closely cemented as well with the wound itself as with the aponeurosis. In moving the arm this surface did not slide over the aponeurosis; it was clear that an indurated part of the cicatrix had grown in close connection with the aponeurosis. M. Gerdy stretched the fingers and the hand by degrees, occasioning each time a distinct crepitation; at a later period, the fingers and hand could be completely stretched, and finally also the fore-arm.

The retraction of the hand and fingers was not the result of the action of the muscles, for they were always soft, loose, flexible, and without any

pain whatever. M. Gerdy considered the above-mentioned symptoms to be merely the result of retraction of the aponeurosis of the fore-arm, of the palmar fascia of the cellular tissue under the wound, and of the cicatrix itself.—*Archives Generales*.

*Remarkable Case of Accidental Amputation of the Arm.*—A baker's boy, a youth of about 20 years of age, was engaged in raising some sacks of corn by a windlass. For the sake of a frolic he seized hold of the chain, wishing to be raised to the upper part of the granary; but he was drawn so high that his head came against that portion of the roof through which the chain passed. Not being able to hold by the chain, he fell with his arms stretched out. In falling, his left arm came in contact with the top of a door below, which was standing open; and the force was such, that the arm, which was bare, was completely separated, at about a hand's breadth, from the shoulder-joint. His body fell on one side of the door, and his arm on the other. Under this extraordinary amputation the arm appeared as if it had been chopped off by an axe; the bone and muscles were as evenly separated as if they had been divided by a blunt knife, and the end of the bone was not at all splintered, a few nervous filaments only hanging from the wound. The fall of the patient must have been broken by his arm coming thus in contact with the edge of the door; for the only injuries to his person were a few contusions and abrasions about the skin of the face. He was, however, at first, speechless and insensible, but he recovered his speech and consciousness in a few days. The wound bled but little; it was dressed, and the brachial artery was tied, to guard against accidental hemorrhage; the nervous filaments were cut off, but neither the muscles nor the bone required the use of a knife or a saw. Fever with delirium followed. A strict antiphlogistic regimen was adopted, and ice was applied to the head. This treatment was attended with benefit. The wound of the arm, which was at first discolored, assumed a good appearance; healthy suppuration came on, and the patient, after about two months, was perfectly restored. The stump cicatrized well, and the bone was completely covered with skin.—*Casper's Wochenschrift*, and *Medical Gazette*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 1, 1845.

*Mesmeric Surgery in Maine.*—A gentleman, for whom we have the highest sentiments of personal respect, sent us the following account of a surgical operation, performed while the patient was under that strange kind of influence which is called mesmeric. It first appeared in the *Kennebec Journal*, and, contrary to our custom, it has been transferred from a popular newspaper to this *Journal*, to show that we are willing to give the advocates of animal magnetism an opportunity to present their facts, if they have any, to the world. The note that accompanied the report was pre-



faced thus: "Never having seen any marked experiments in mesmerism, I confess but little knowledge on the subject, but cannot doubt that every well-authenticated fact is worth preserving. I know all the gentlemen who sign this certificate, by reputation, and several of them personally. They are among the first in your profession in Maine. Dr. Deane I have known these twenty years. He is a skilful physician and successful practitioner."

One of the surprising things of the day is, that no such phenomena are ever witnessed in Boston, as are very common to the eyes of believers in many other places. Surely, there is talent enough in our city, and enterprise too, sufficient to investigate subjects that are gravely brought under the notice of our scientific neighbors. Mesmerism, however, in some shape or other, is not unknown among us. Signs and transparencies may be seen in obscure parts of this city, having on them, in large letters, *Mesmeric Examinations—Diseases examined by a Clairevoyant here—All Diseases cured by Mesmerism here, &c.* It must strike a stranger singularly, in traversing the crooked streets of this compact metropolis, to see these contrivances for getting a penny. The business is in low hands, since a patient may have any sort of revelation, from a theft to the color of his kidneys, just according to his capacity for being gulled and the thickness of his wallet. There is not a man in Boston or its vicinity, of strong powers of mind, of acknowledged scientific acquirements, and of a commanding character in society, in any way identified with the hue and cry about animal magnetism. Why is it so? We would take the liberty to inquire—how is it in other cities? Are the first class of intellects employed in the service of this modern wonder? We have witnessed so much imposition, and have so repeatedly had opportunities for detecting the shallowness and trickery of male and female experimenters, and, lastly, found that excited imaginations so often covered up truth and thrust forward positive falsehood, that we feel justified in maintaining the position that we have assumed from the beginning:—viz., that proof is still wanting to establish the least of the claims of animal magnetism, in the cause now before the tribunal of men of science.

But to the article in question. A Miss Cromett, in Maine, it seems, had a diseased breast. At a "critical juncture," says the paper, "some friends advised and aided her in procuring the services of Dr. Josiah Deane, of Bangor, an experienced and successful operator in mesmerism. He came, remained five days, and favorably succeeded in magnetically subduing the patient. Untoward circumstances at this time forbade the operation, and a short delay was recommended for the removal of local inflammation.

"After an interval of ten days, the local disease beginning to assume a more inauspicious aspect, Dr. Deane was again called in on June 28th, but owing to some adventitious illness, prudential considerations recommended a delay until July 3d at 10, A. M., when the tumor, involving the whole of the right breast was removed by Dr. H. H. Hill, of this village, in presence of Dr. Hubbard, Drs. Snell, Briggs, Myrick and Nichols, of this place, Rev. Mr. Burgess of the Episcopal church, J. L. Child, Esq., Counsellor at Law, Mrs. Smith, and some other ladies.

"The urgent solicitation of the patient prevailed over the concealment previously determined on, and she was apprised on the day previous, of the hour appointed for the operation. Notwithstanding her fancied forti-

tude forsook her, so irresistible was the power of magnetism, that in about ten minutes she was beyond the control of fear, and secure from the influence of pain. The operation was performed by two incisions, measuring on the line of their curvature, twelve inches each, the whole enlarged gland removed (weighing two and a half pounds), the arteries secured, the wound carefully examined, the surfaces brought into apposition and partly secured by sutures, without a motion, a groan or sigh, or even the most remote indication of pain or sensibility. It would have appeared to an observer "that life itself was wanting there," had not respiration given assurance the spirit had not departed.

"At this period, when a few more stitches would have completed the whole operation, the mesmerizer unintentionally permitted his attention to be withdrawn from the patient, when she awoke to the consciousness of having passed an ordeal without a pang, which without the oblivion of magnetism, would have severely tried the fortitude of the firmest, and have convulsed, with the keenest agony, every fibre that had been reposing in softest slumber. The acute sensibility to pain betrayed by the introduction of the remaining stitches, would, I think, convey conviction to the mind of the most obdurate disbeliever that such a result could be produced by no art of legerdemain, nor by any other known agent. The circulation was slightly accelerated, the respiration natural, and an entire freedom from the faintness, exhaustion, and prostration, so often attendant upon severe corporeal suffering."

We have not room for the certificates which follow.

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*Exit of a Fœtal Bone through the Abdomen.*—A lady in Boston, now 56 years of age, who was married at 19, has had twelve children, and miscarried eight times (once with twins, twenty-eight years ago, when eight months advanced in pregnancy), was suddenly seized with what was called a fit (but no particulars of a definite character are given), and on recovering from it a small tumor was noticeable on the right side of the abdomen, just below the umbilicus. It very gradually enlarged, and from that period till within a few weeks, it was called an abdominal hernia, for which she has worn a truss several years in succession. A few days since, the tumor being quite indolent and having remained unchanged in appearance or sensation, symptoms of inflammation were manifested. The husband, understanding the principles of treatment in the incipient stages, at once resorted to poultices. Gradually, one point on the spherical surface began to soften, and finally burst open. Besides the escape of pus, a small, hard piece of bone, strongly resembling a fœtal rib, made its exit. Immediately, there was subsidence of the tumefaction; the discharge, not copious at first, diminished in quantity, and from present appearances there will be a speedy restoration.

The idea has been suggested, that the fœtus was lodged in the Fallopian tube of that side, and that the parts were principally removed from the system by the absorbents, which explains the reason why the functions of the procreative apparatus were not essentially deranged.

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*Canabis Indica.*—In order that practitioners of the city may have every opportunity of giving this new medicine a fair trial in neuralgia, we have

left some of the extract with a number of druggists, who have prepared a tincture of it. The tincture may be found at Mr. Burnett's, Tremont Row; White's, opposite the head of Winter St.; Brewer, Stevens, Cushing & Co.'s, 91 Washington St., and at many other apothecaries. Country gentlemen who prefer to make the tincture themselves, will be furnished with the extract gratuitously, at the Journal office. The extract, heretofore introduced into Boston, from London, strongly resembles naphtha; whereas that sent to Dr. Wigglesworth, from Dr. O'Shaughnessy, direct from Calcutta, where it is alone prepared, very much resembles cake-opium. We are inclined to the opinion that the specimen now at the disposal of the profession, is a genuine, unadulterated article, and should have an immediate and fair trial. Rheumatism and neuralgia, with the approach of autumnal winds, will show their potency; therefore let the canabis be recollected.

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*Private Medical School, Manchester, N. H.*—After the medical lectures are finished, many gentlemen who have been in attendance, will be seeking the private instruction and guidance of physicians who have facilities for students. The Drs. Crosby, brothers, established in the beautiful and thrifty manufacturing town of Manchester, N. H., accessible by railroad in two directions, are recommended to such. They are men of sterling qualifications, of high professional reputation, and well provided with all those appurtenances which constitute a desirable place for pursuing the study of medicine profitably. The expenses of the school must be something less than in a city, and yet its proximity to the hospitals of this metropolis, would enable pupils to skip down in the cars on operating days, if thought advisable, and back again, without being missed in the village.

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*Transylvania Medical School.*—The notice of the death of Professor Richardson, of Kentucky, will be found in its appropriate place. No interruption, we understand, in the course of Lectures, at the approaching session of the Medical School, will be caused by this melancholy event, as arrangements have been made for the delivery of a full course of lectures upon Professor R.'s department, by Professor Mitchell, whose ability to do justice to it is fully known and appreciated.

The following notice respecting the permanent appointment of a successor to Prof. R. has been published by the chairman of the Board of Trustees, M. C. Johnson, Esq.

"The Chair of Obstetrics and the Diseases of Women and Children in the Medical Department of Transylvania University, is at present vacant; and with a view to fill it in the best possible manner, applications for the place are invited from the members of the medical profession. Communications on the subject must be forwarded to the Dean of the Medical Faculty prior to the 30th day of January next, when the appointment will be made. It will be required, in conformity with a resolution of the Board of Trustees, that the person selected shall make Lexington his permanent residence.

"The name of no one but the successful candidate will be made public."

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*Cause of the Continued Prevalence and Fatality of Smallpox.*—Dr. Stark has collected a series of facts, which he publishes in the Edinburgh Journal, in a statistical form. These facts are believed by the author to be



sufficient to support the conclusion—"That the existing prevalence and mortality of smallpox is not owing to any failure in the protective powers of the vaccine virus, nor to its wearing out of the system after a certain number of years, but to the neglect of vaccination altogether; and that vaccination affords a greater protection from a fatal termination, should the individual be subsequently attacked with smallpox, than if he had passed through either the natural or inoculated smallpox. It is highly desirable that attention should be paid to the facts stated, and to the conclusions drawn from them. From ignorance of these facts, many eminent physicians have, by their writings, done harm, by inducing doubts as to the protective powers of the vaccine virus; and as the public at large are apt to discard altogether what they see learned men regard as only a temporary or doubtful preservative, perhaps no inconsiderable number of the cases of neglect of vaccination may be attributed to their writings being propagated among the public."

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*Medical Miscellany.*—A letter from Tampico says there is a good deal of sickness there.—By a decree of the Portuguese government, all ports north of Cape Hatteras are declared to be habitually clean!—A State Medical Convention has been called in Vermont, to meet at Montpelier, on the 15th of October. All the counties are requested to be well represented on the occasion.—The Board of Health have officially announced three cases of yellow fever in New Orleans.—J. H. Chaffin, aged 20 years, twenty-seven inches tall, and weighing only twenty-five pounds, is on exhibition in Boston—called the smallest man in the world.—A medical society has been organized at Hong Kong, in China, under the style and title of Medico-Chirurgical Society—the subscriptions for members being \$12 per annum.—At a recent meeting of the Medical Missionary Society in China, it was resolved that \$5,256 32, collected in the city of Boston, by Dr. Parker, when here, should be deposited till a communication could be had with the donors in regard to the disposal of it.—Dr. Papineau has been appointed to the chair of Botany in McGill College, Montreal, but will not commence the active duties of the department till May, 1846.—Dr. Elisha Huntington, Mayor of Lowell, was chosen president of the late Anti-Texas meeting, held in Middlesex Co., Mass.

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TO CORRESPONDENTS.—The paper of "W." came too late for insertion in this week's Journal.

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MARRIED.—In Boston, G. H. Lodge, M.D., to Miss M. E. Williams.—Dr. C. F. Barnard to Miss C. Mott.

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DIED.—Win. H. Richardson, M.D., late Professor of Obstetrics in the Medical Department of Transylvania University, recently died at Caneland, near Lexington, Ky. Professor Richardson stood at the head of his profession in Kentucky, in his particular department, and has been long and favorably known as one of the soundest and best teachers of his section of medical science in the country.

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Number of deaths in Boston, for the week ending Sept. 27, 47.—Males, 29; Females, 18. Stillborn, 4. Of consumption, 8—dysentery, 1—smallpox, 1—apoplexy, 1—jaundice, 1—disease of the bowels, 5—inflammation of the lungs, 1—dropsy on the brain, 2—cholera infantum, 1—asthma, 1—sudden, 1—teething, 2—typhus fever, 3—canker, 2—hooping cough, 3—lung fever, 3—infantile, 4—old age, 2—paralysis, 1—delirium, 1—croup, 1—disease of the liver, 1—drowned, 1.  
Under 5 years, 25—between 5 and 20 years, 3—between 20 and 60 years, 15—over 60 years, 4.

*Yellow Fever observed in Paris.*—The *Gazette des Hopitaux* for August, contains the account of a case of typhus which has recently occurred in the wards of M. Rayer, at the Charité, and which presented most of the symptoms peculiar to the yellow fever of tropical climates. It may also be compared to the fever recently observed in Scotland, and so admirably described by Dr. Cormack.

On the 30th of June, 1845, a man named Thomas, of strong constitution, entered M. Rayer's male ward. He had been ill for a few days only. The following were the symptoms presented:—Yellow orange tinge of the entire body; skin dry and hot; the eyes, and inferior surface of the tongue yellow; the superior surface of the tongue covered with a mucous fur; nausea; slight tympanitis of the abdomen, which is painful, on pressure, in the right hypochondrium; liver of normal size, on percussion; the stools colored by bile, not abundant; urine deeply tinged with bile; no abnormal thoracic symptom, but acute pain is felt in the hepatic region on deep inspiration. Pulse full, frequent, but regular. The patient only complains of pain in the right hypochondrium, and of intense cephalalgia. Venesection to twelve ounces. Blood presents a thick buff.

July 1st.—Same state. To be cupped on the hepatic region; blister on the same region. Saline purgative.

2nd.—Vomiting sets in; the matters vomited are black and sanguinolent. The stools, liquid and abundant, contain black blood and feces tinged with bile. The pulse is very frequent; cephalalgia; somnolence; tongue dry and cracked; teeth presenting a brownish crust at their basis; abdomen meteorized, not painful on pressure.

This state persisted on the 3d and 4th. On the 4th, slight delirium appeared. No spots or ecchymosis on the skin, universally of an orange yellow. On the 6th, the state of the patient seemed improved. A number of small conical elevations appeared on every part of the body, similar to those of variola in its first stage. On the 7th, these elevations had formed so many red ecchymotic spots, like those of hæmorrhagic roseola. The patient appeared, indeed, better, although still in a state of semi-somnolence. On the 8th, the somnolence had increased; an eschar appeared on the sacrum; the stools were still sanguinolent. On the 11th, the eruption disappeared; somnolence and general depression increased; nausea, but no vomiting. On the 12th, he remained in a state of comatose sleep, and died suddenly on the 13th.

*Autopsy twenty-eight hours after death.*—The body is in a state of advanced putrefaction; the epidermis separating with the greatest ease: icteric tinge of the skin the same as during life; no effusion of blood in the intermuscular spaces; lungs healthy, but containing a considerable quantity of mucus and blood; heart soft, containing black blood; the mucous membrane of the stomach softened, of the color of dregs of wine; the duodenum presents traces of sanguineous effusion, and contains yellow bile; the rest of the intestines contain mucus colored with bile; Peyer's glands are not enlarged; no morbid alteration in the large intestine; the liver presents the usual volume; it is soft, of an uniform icteric tinge; the vena porta, vena cava, and its principal divisions, are healthy, and contain black fluid blood; the biliary vesicle contains a considerable quantity of blood; the spleen is soft, of normal volume: the kidneys soft, yellow, nearly diffluent; the brain soft, and presenting the icteric tinge.—*Jour. de Medecine.*

## MEDICAL JOURNAL ADVERTISING SHEET.

### BALTIMORE COLLEGE OF DENTAL SURGERY—SESSION 1845-6.

The regular course of Lectures in this Institution begins the 1st Monday of November, and ends the last of February.

CHAPIN A. HARRIS, M.D., Professor Practical Dentistry.

THOS. E. BOND, JR., M.D., Special Pathology and Therapeutics.

W. R. HANDY, M. D., Anatomy and Physiology.

By Faculty till Chair is filled, Dental Physiology and Pathology.

CHAPIN A. HARRIS, M.D., Mechanical Demonstrator.

The Faculty desire to impress the fact, that the course of instruction is truly *practical*—that the College is a *work-shop* as well as a Lecture-room, and that the Student is required to practise his hands in all the various manipulations of the art, through the whole course.

The College also makes special provision for *Dissections*, which are urged upon the Student, and considered as indispensable to becoming thorough Dentists.

W. R. HANDY, *Dean*.

July 9.—tN.

### MEDICAL DEPARTMENT OF THE COLUMBIAN COLLEGE.

The annual course of lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March.

#### FACULTY.

HARVEY LINDSLEY, M.D., Prof. of Pathology and Practice of Medicine.

THOMAS MILLER, M.D., Prof. of Anatomy.

JOHN M. THOMAS, M.D., Prof. of Medical Jurisprudence and Physiology.

WILLIAM P. JOHNSTON, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

CHARLES G. PAGE, M.D., Prof. of Chemistry.

JOSHUA RILEY, M.D., Prof. of Materia Medica and Therapeutics.

JOHN FREDERICK MAY, M.D., Prof. of Surgery.

JOHNSON ELIOT, M.D., Demonstrator of Anatomy.

The conveniences afforded by the new and extensive edifice in which the lectures are now delivered, are such as will facilitate very much the imparting of medical instruction. The lecture rooms are admirably arranged, well lighted, and warmed. The Museum is increasing daily in importance and interest. The rooms of practical anatomy afford advantages rarely equalled; they will be opened the first week of October. The Infirmary is under the immediate direction of the faculty of medicine, and this, with the public Dispensary, will continue to present numerous and valuable cases for clinical instruction. Clinical lectures will be delivered at least twice a week, and operations performed before the class.

The entire expense of a course of lectures, by all the professors, is \$80. Demonstrator's ticket, \$10. Good board can be procured, at from \$2.50 to \$3.00 per week.

Washington, D. C., Sept. 5, 1845.

S17—tN

WILLIAM P. JOHNSTON, M.D., *Dean*.

(Corner of 7th and F Streets.)

### CHARITABLE INFIRMARY FOR THE TREATMENT OF SURGICAL DISEASES.

The subscribers will give surgical advice to the poor, and perform any operations that may be required, on Wednesdays and Saturdays, from 10 to 11 o'clock, at 2 Park Street.

JOHN C. WARREN.

J. MASON WARREN.

Mar. 26—6m.

### SURGICAL INFIRMARY FOR THE RADICAL CURE OF HERNIA AND ANALOGOUS DISEASES.

The undersigned will continue to treat and cure *Hernia, Varicocele, &c.*, under almost every variety of form in which they are presented to the care of the surgeon, at 40 Lincoln st., daily, from 1 to 2 1-2 o'clock; and at his office, 7 Winter st., as usual.

Diseases of the Eye and Ear also attended to.

May 21.—copht

G. HEATON.

### SURGICAL AND DENTAL INSTRUMENTS.

N. HUNT, manufacturer of all kinds of Surgical and Dental Instruments, 128 Washington Street, Boston. Damaged Cutlery ground and re-polished; Razors, Lancets and Scissors ground and set.

Nov. 13—

### TREATMENT OF HERNIA.

The undersigned is furnished with Dr. Chase's instruments for the cure of hernia, and will attend personally to their application.

HENRY G. CLARK, M.D.

Nov. 16.—tf

No. 184 Hanover street.

### VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office.

Feb. 8

### DR. CHAPIN'S IMPROVED UTERO-ABDOMINAL SUPPORTER.

The subscriber would inform medical gentlemen that he continues to manufacture his improved "CHAPIN'S Abdominal Supporters," and they can be furnished with this instrument (which has been found so useful in cases of procidentia and prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani, &c.), viz. from \$2.00 to \$6.00, according to quality. Perineum straps, necessary in some cases (extra), at 50 cts. to 75 cents. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, J. V. C. Smith, W. Lewis, Jr., J. H. Mans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, (post-paid) to A. F. BARTLETT,

No. 221 Washington st., Boston, op. Med. Journ. Office (removed from Winter st.)

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & James C. Ayer, Lowell; William P. S. Cadwell, New Bedford, F. Goodwin, Cabotville, in Maine, Joshua Durgin & Co., Portland, G. W. Ladd and Aaron Young & Co., Bangor, Eben Fuller, Augusta, Wm. Dyer, Waterville; J. Balch, Jr., Providence, R. I.; Williston & Tyler, Brattleboro', Vt.; Andrew Truax, Schenectady, N. Y.

Jan. 1—Jam



# MEDICAL JOURNAL ADVERTISING SHEET.

## MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

SESSION OF 1845-46.

The Medical Lectures will commence on Monday, November the 3d, and be continued, under the following arrangement, to the middle of March ensuing.

|  |           |                            |
|--|-----------|----------------------------|
| Practice and Theory of Medicine,                   | - - - - - | by NATHANIEL CHAPMAN, M.D. |
| Chemistry,   | - - - - - | ROBERT HARE, M.D.          |
| Surgery,   | - - - - - | WILLIAM GIBSON, M.D.       |
| Anatomy,   | - - - - - | WILLIAM E. HORNER, M.D.    |
| Institutes of Medicine,                            | - - - - - | SAMUEL JACKSON, M.D.       |
| Materia Medica and Pharmacy,                       | - - - - - | GEORGE B. WOOD, M.D.       |
| Obstetrics and the Diseases of Women and Children, | - - - - - | HUGH L. HODGE, M.D.        |

A course of Clinical Lectures and Demonstrations, in connection with the above, will be given at the very extensive and convenient Infirmary, called the Philadelphia Hospital.

|                    |           |                         |
|--------------------|-----------|-------------------------|
| Clinical Medicine, | - - - - - | by W. W. GERHARD, M.D.  |
| Clinical Surgery,  | - - - - - | DRS. GRASON and HORNER. |

Clinical Instruction in Medicine is given from the 1st day of November to the 1st day of March, by Dr. WOOD, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States. Clinical Instruction is likewise given at the University, every Saturday morning.

The rooms for Practical Anatomy will be opened October 1st, and continued so to the end of March ensuing. Extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery, and Obstetrics, exist, and are in a course of annual improvement; the policy of the School being to give to its instructions a practical character, and one as influential as possible in imparting a sound Medical education.

The Professor of Materia Medica, besides his Cabinet, has an extensive and well furnished Conservatory, from which are exhibited, in the fresh and growing state, the native and exotic Medicinal Plants.

Amount of Fees for Lectures in the University, \$120. Matriculating fee (paid once only), \$5;—Hospital fee, \$10; Practical Anatomy, \$10; Graduating fee, \$40.

262 Chestnut St., Philadelphia, }  
August 1, 1845. }

S24—1N12

W. E. HORNER, M.D.,  
Dean of the Medical Faculty.

NOTE.—From the abundance of the provision markets of Philadelphia, and the comparative lowness of house rent, suitable accommodations can be obtained in private boarding houses at reasonable rates, depending upon the style of accommodation. The prices vary from two to four dollars per week and upwards.

### DISEASES OF THE EYE AND EAR.

Dr. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. No. 2 Bowdoin Square.

February 14, 1843.

Sept. 29—eptf

### NOTICE.

A PHYSICIAN in Barnstable County wishes to dispose of his place of residence and a practice worth from \$1000 to \$1500 a year, and would refer for particulars to Dr. BARTLETT, Chardon St., Boston. Sept. 17.—3t

### A GOOD CHANCE FOR A PHYSICIAN.

A PHYSICIAN, residing in a flourishing manufacturing village in New England, within two hours ride of Boston, who contemplates a change in business, offers for sale his practice and a small amount of private property, for a reasonable compensation. It may be regarded as a good chance for a young man just commencing in his profession, where he may soon rise to eminence. For particulars, address the Editor (post paid). Aug. 27—tf

### TO PHYSICIANS.

A VERY eligible situation for the practice of Medicine, in a pleasant village, with some office furniture, may be secured on favorable terms, by a respectable Physician, by inquiring (post paid) at this office. Sept. 3.—tf

### NOTICE.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL

IS PUBLISHED EVERY WEDNESDAY, BY D. CLAPP, JR.

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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY  
J. V. C. SMITH, M.D.

Whole No. 921.

WEDNESDAY, OCTOBER 3, 1845.

Vol. XXXIII. No. 10.

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## MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

Session of 1845-46.

The Medical Lectures will commence on Monday, November the 3d, and be continued, under the following arrangement, to the middle of March ensuing.

|  |                            |
|--|----------------------------|
| Practice and Theory of Medicine, - - - - -                   | by NATHANIEL CHAPMAN, M.D. |
| Chemistry, - - - - -   | ROBERT HARE, M.D.          |
| Surgery, - - - - -   | WILLIAM GIBSON, M.D.       |
| Anatomy, - - - - -   | WILLIAM E. HORNER, M.D.    |
| Institutes of Medicine, - - - - -                            | SAMUEL JACKSON, M.D.       |
| Materia Medica and Pharmacv, - - - - -                       | GEORGE B. WOOD, M.D.       |
| Obstetrics and the Diseases of Women and Children, - - - - - | HUGH L. HODGE, M.D.        |

A course of Clinical Lectures and Demonstrations, in connection with the above, will be given at the very extensive and convenient Infirmary, called the Philadelphia Hospital.

|                              |                         |
|------------------------------|-------------------------|
| Clinical Medicine, - - - - - | by W. W. GEXHARD, M.D.  |
| Clinical Surgery, - - - - -  | Drs. GIBSON and HORNER. |

Clinical Instruction in Medicine is given from the 1st day of November to the 1st day of March, by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted Infirmarys in the United States. Clinical Instruction is likewise given at the University, every Saturday morning.

The rooms for Practical Anatomy will be opened October 1st, and continued so to the end of March ensuing. Extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery, and Obstetrics, exist, and are in a course of annual improvement; the policy of the School being to give to its instructions a practical character, and one as influential as possible in imparting a sound Medical education.

The Professor of Materia Medica, besides his Cabinet, has an extensive and well furnished Conservatory, from which are exhibited, in the fresh and growing state, the native and exotic Medicinal Plants.

Amount of Fees for Lectures in the University, \$120. Matriculating fee (paid once only), \$5;—Hospital fee, \$10; Practical Anatomy, \$10; Graduating fee, \$40.

263 Chestnut St., Philadelphia, }  
August 1, 1845. } S24—tN12  
W. E. HORNER, M.D.,  
Dean of the Medical Faculty.

NOTE.—From the abundance of the provision markets of Philadelphia, and the comparative lowness of house rent, suitable accommodations can be obtained in private boarding houses at reasonable rates depending upon the style of accommodation. The prices vary from two to four dollars per week and upwards.

## FRENCH INSTRUMENTS.

JOSEPH BURNETT, Apothecary, 33 Tremont Row, has just imported from Paris, a small invoice of Instruments, made by "Charrrière," to which he begs leave to call the attention of Surgeons. He has as usual a full assortment of American and English Instruments of the best quality. He would particularly call the attention of Medical Students to "Charrrière's" Dissecting Cases, which are of fine quality, and which he offers at a very low price.

He has also the largest and best assortment of DENTISTS' INSTRUMENTS and Materials to be found in New England.

Sept. 10.—tJun. 1.

## MEDICAL JOURNAL ADVERTISING SHEET.

### MEDICAL DEPARTMENT OF THE COLUMBIAN COLLEGE.

The annual course of lectures in this Institution will commence, as usual, on the first Monday in November, and continue until the first of March.

#### FACULTY.

HARVEY LINDSLEY, M.D., Prof. of Pathology and Practice of Medicine.  
 THOMAS MILLER, M.D., Prof. of Anatomy.  
 JOHN M. THOMAS, M.D., Prof. of Medical Jurisprudence and Physiology.  
 WILLIAM P. JOHNSTON, M.D., Prof. of Obstetrics and the Diseases of Women and Children.  
 CHARLES G. PAGE, M.D., Prof. of Chemistry.  
 JOSHUA RILEY, M.D., Prof. of Materia Medica and Therapeutics.  
 JOHN FREDERICK MAY, M.D., Prof. of Surgery.  
 JOHNSON ELIOT, M.D., Demonstrator of Anatomy.

The conveniences afforded by the new and extensive edifice in which the lectures are now delivered, are such as will facilitate very much the imparting of medical instruction. The lecture rooms are admirably arranged, well lighted, and warmed. The Museum is increasing daily in importance and interest. The rooms of practical anatomy afford advantages rarely equalled; they will be opened the first week of October. The Infirmary is under the immediate direction of the faculty of medicine, and this, with the public Dispensary, will continue to present numerous and valuable cases for clinical instruction. Clinical lectures will be delivered at least twice a week, and operations performed before the class.

The entire expense of a course of lectures, by all the professors, is \$80. Demonstrator's ticket, \$10. Good board can be procured, at from \$2.50 to \$3.60 per week.

Washington, D. C., Sept. 5, 1845.

WILLIAM P. JOHNSTON, M.D., *Dean.*

S17-tN

(Corner of 7th and F Streets.)

### UNIVERSITY OF THE STATE OF NEW YORK—COLLEGE OF PHYSICIANS.

The Annual Course of Lectures in the College will be commenced on Monday, 3d November, 1845, and continued until 1st March, 1846.

ALEXANDER H. STEVENS, M.D., President of the College, and Emeritus Prof. of Clin. Surgery.  
 JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clin. Med.  
 JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.  
 JOHN TORREY, M.D., Prof. of Chemistry and Botany.  
 ROBERT WATTS, jr. M.D., Prof. of Anatomy and Physiology.  
 WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.  
 CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.  
 GUSTAVUS A. SAPHIRE, M.D., Demonstrator of Anatomy.

*Fees.*—Matriculation Fee, \$5. Fees for the full Course of Lectures, \$94; but Students are not required to take out all the tickets during one session. Graduation Fee, \$25. Demonstrator's Ticket, \$5. Expenses of living average \$3 per week.

The Annual Commencement is held on the second Thursday of March: there is also a semi-annual examination in September. The requisites for an examination are, 21 years of age; three years of study, including two full Courses of Lectures, the *last* of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

During the month of October, a Course of Lectures will be delivered on the following subjects:

|                                |                     |
|--------------------------------|---------------------|
| Hygiene, - - - - -             | by Professor SMITH. |
| Comparative Anatomy, - - - - - | Professor WATTS.    |
| Scrofula, - - - - -            | Professor PARKER.   |
| Reproduction, - - - - -        | Professor GILMAN.   |

This Course will be free to the *Matriculated* Students of the College.

College of Physicians and Surgeons, }  
 67 Crosby Street, New York. }

A 6—ep4weotN

R. WATTS, Jr.,  
*Sec'y to the Faculty.*

### BALTIMORE COLLEGE OF DENTAL SURGERY—SESSION 1845-6.

The regular course of Lectures in this Institution begins the 1st Monday of November, and ends the last of February.

CHAPIN A. HARRIS, M.D., Professor Practical Dentistry.  
 THOS. E. BOYD, jr. M.D., Special Pathology and Therapeutics.  
 W. R. HANDY, M. D., Anatomy and Physiology.  
 By Faculty till Chair is filled, Dental Physiology and Pathology.  
 CHAPIN A. HARRIS, M.D., Mechanical Demonstrator.

The Faculty desire to impress the fact, that the course of instruction is truly *practical*—that the College is a *work-shop* as well as a Lecture-room, and that the Student is required to practise his hands in all the various manipulations of the art, through the whole course.

The College also makes special provision for *Dissections*, which are urged upon the Student, and considered as indispensable to becoming thorough Dentists.

W. R. HANDY, *Dean.*

July 9.—tN.

### TREMONT-STREET MEDICAL SCHOOL.

The course of instructions for private pupils begins on the first of September, and continues throughout the year, at No. 33 Tremont Street.

Theory and Practice of Medicine and Materia Medica, by DR. BIGELOW.  
 Obstetrics and Medical Jurisprudence, by DR. STORER.  
 Anatomy, Physiology and Pathology, by DR. HOLMES.  
 Surgery and Chemistry, by DR. H. J. BIGELOW.

Daily exercises are given in some one of the above branches. Students have gratuitous access to the Massachusetts General Hospital, also to the Eye and Ear Infirmary. Sufficient opportunities are afforded for the pursuit of practical anatomy, also for obtaining experience in Dispensary and Obstetrical practice.

Aug. 23—eop.

### TREATMENT OF HERNIA.

The undersigned is furnished with Dr. Chase's instruments for the cure of hernia, and will attend personally to their application.

HENRY G. CLARK, M.D.

Nov. 16.—tN

No. 124 Hanover street.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIII. WEDNESDAY, OCTOBER 8, 1845.

No. 10.

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## ON THE TREATMENT OF WOUNDED ARTERIES, WITH CASES.

By Warren Stone, M.D., Prof. of Surg. in the Med. College of Louisiana.

THE operative surgery of the arteries may be considered complete, and yet but little is said of the minute treatment and management of wounded arteries. There is no more merit in casting a ligature around an artery than belongs to the skilful mechanic; but there *is* merit in knowing when, and when not, to use the knife. There are cases, when by avoiding a painful operation, life may be saved; on the contrary, by temporizing, and allowing repeated hemorrhages, even from minor arteries, life may be sacrificed. It is not necessary to enter into the pathology of wounded arteries, for it is sufficiently understood. I shall speak of it in connection with the treatment of particular cases.

When an artery of considerable size is divided, it is our duty to tie it at once, provided the wound is open, and the vessel accessible without an operation; but if this is not the case, and the bleeding can be easily controlled by compression, we are justified in attempting a cure by this means. The usual mode of making compression, in such cases, is to apply a large compress over the wound, and confine it with a bandage, enveloping the whole limb, which serves to prevent the escape of blood externally, but does not prevent its escape into the tissues around the divided vessel, and which, while it may favor the formation of a clot in the artery, tends at the same time to prevent that adhesive inflammation upon which we depend for a cure. Compression should be made immediately over the mouth of the divided vessel (by whatever means may be convenient), and kept steadily applied, until a coagulum forms in the artery, which will take place in a short time, precisely as if a ligature was applied, provided the compression be complete; but if an occasional escape of blood is allowed, it will break up the forming clot. The length of time required for the formation of the clot, varies according to the size of the vessel. In small vessels, a slight coagulum around the mouth is sufficient to arrest the bleeding, and this may form in a few minutes; but in large vessels it is necessary for the clot to form in the artery (which we know will take place, if the bleeding mouth be kept closed), as far back as the first collateral branch. In a large artery, I think it requires from two to three hours for the perfect formation of the clot. When this is accomplished, the compression should be removed or lessened, the wound, if possible, cleared of blood, the parts brought accurately together, and no more pressure made than can be allowed without

interrupting the process of union, or the deposition and organization of lymph around the mouth of the vessel. Too strong compression prevents the natural adhesive process, and rather favors secondary bleeding. If the wound presents an unhealthy, sloughy appearance, and secondary hemorrhage occurs, it is useless to attempt a cure by compression, even in minor arteries; for repeated hemorrhages will follow, until the patient is exhausted. If, however, the wound is healthy and granulating, slight compression may be made, just sufficient to prevent any injurious loss of blood: the granulations will close the vessel. If compression is strong, absorption of the granulations is effected, rendering the case worse, without affording any additional security against bleeding, which will occur as often as the clot dissolves, and continue until another forms. A light graduated compress of soft dry lint, with light pressure, will, so long as the compress remains dry, prevent bleeding in the large sized arteries: therefore, the compress should be removed as often as it becomes saturated with the discharge.

CASE I.—*Showing that large arteries will unite without ligature.*—Mr. H., a robust man, in the prime of life, received a gun-shot wound in November, 1843, which divided the left femoral artery, at or above the profunda. The ball entered the anterior part of the right thigh, just below the spine of the ilium, passed through, entered the scrotum anterior to the right spermatic cord, and passing behind the left, came through; entered the left groin, and came out just below, and anterior to, the trochanter, dividing in its course the femoral artery and vein, and producing serious injury to the crural nerve. I was but a few paces from him at the time, and immediately made pressure with one hand, and assisted him in lying down with the other; but, in the act of lying down, he was seized with faintness, followed by convulsions, which were produced more by the shock the nervous system had received, through the injury of the crural nerve, than by the loss of blood. He gradually resuscitated, and when sensibility returned, he experienced an almost intolerable pain in the course of the nerve, more particularly at the lower extremity. This pain he described as similar to what he felt in the hand, upon contusion of the ulnar nerve, though much more severe. The bleeding was easily and completely controlled by pressure in the track of the wound, immediately over the mouth of the divided vessel; and as he was suffering as much as humanity could bear, the application of the ligature—which was of course deemed necessary—was deferred. Laudanum and brandy were administered, half an ounce of the former and half a pint of the latter, in the course of two or three hours, which barely sufficed to render his pains tolerable. At this time, it was found that the artery was perfectly closed by a coagulum, and as the vehicle had arrived to convey him to his lodgings (the distance of three or four miles), I concluded, with the concurrence of Dr. Harrison, to allow him to be moved before tying the artery. Dr. Harrison accompanied him, to make pressure, should it be necessary. No bleeding, however, was produced by the removal. He was still suffering as much as he could well bear, and feeling confident that if adhesive inflammation took place healthily, the artery

would close, I concluded to leave it to nature for the time. A few friends were selected to stay by his side, by turns, with instructions in case of bleeding. Simple water dressings were applied to the wounds. No bleeding occurred, and the wounds healed with little annoyance. The main difficulty was in preserving the limb. Dry heat, frictions, and finally the gentle application of electro-magnetism, were employed, and with evident benefit. Apparently no circulation existed in the limb; the blood seemed to penetrate the tissues, and on the third day made its way as far as the instep, where it ceased its course. Great difficulty was experienced, also, in effecting the return of the blood, in consequence of the wound of the femoral vein. The injury of the nerve, no doubt, operated upon the nutritive action in the limb. The pain gradually subsided, and sensation and nutrition are now restored. The foot, of course, sloughed from the point where nutrition ceased, which was at the junction of the tarsal and metatarsal bones. It may be said that this being a gun-shot wound of the artery, it united, which would not have been the case had the wound been an incised one. I admit, that hemorrhage is more easily arrested in gun-shot wounds, but secondary hemorrhage is more likely to occur; for the reason, that lymph is not so likely to be thrown out and organized around the mouth of a vessel when divided by a ball, as when divided by incision.

CASE II.—Mr. H., the subject of the former case, received a gun-shot wound in the head several years since. The ball entered just below the left eye, passed through the antrum, fractured the palate bone and pterygoid process of the sphenoid, and probably struck against the spine, just below the cuneiform process of the occiput, and fell into the fauces. Mr. H. fell senseless from the concussion; profuse hæmorrhage followed, but ceased with the syncope. In this state he was conveyed to his room as dead; he, however, gradually resuscitated, and no further bleeding occurred for the time. Simple applications, I believe, were made to the wound, and very light nourishment allowed. The wound did well, and he gradually rallied until the seventh day, when his friends carried him on board of a boat at Natchez (where the accident occurred), for the purpose of bringing him to New Orleans. From the excitement of moving, or some other cause, an alarming hæmorrhage took place shortly after leaving Natchez, which continued, in spite of every effort made by the physician that accompanied him, until syncope ensued, and another coagulum formed. This secondary clot sufficed to prevent bleeding for 18 or 20 hours, when it either dissolved, or arterial re-action came on and forced it away. Another bleeding ensued, and terminated in the same manner. The boat was detained, and a third hæmorrhage took place before he arrived in New Orleans. I saw him soon after his arrival, and found him with a pale cadaverous countenance, pulse 140 in a minute, and barely perceptible. It was certain that, in due time, another hæmorrhage would occur, and I therefore proposed to tie the carotid artery at once. This was objected to, on the ground that it was too late, and would only add to his sufferings. He, however, rallied under the use of a little ale and broth, when the point was yielded, and I threw a ligature



around the common carotid, by candle-light. Some difficulty was experienced: first, from the difficulty of throwing light down into a deep wound (the patient had a short, thick, muscular neck); and, secondly, from the irregular (though not unfrequent) distribution of the superficial veins. The external jugular and superior thyroid veins united in one trunk, and dipping down, emptied into the internal jugular, crossing the artery exactly at the point where I wished to pass the ligature. I succeeded, however, in opening the common sheath by means of two pairs of forceps. The sheath was seized with one pair, and raised; while with the other, it was seized as near the first as possible, and an opening made in it. By careful management, he gradually recovered without any unpleasant symptom. It is impossible to say what artery was wounded in this case. From the violence of the bleeding, the physician that accompanied him thought it was the internal carotid, but it may have been only the internal maxillary.

This case shows the folly of attempting to arrest secondary bleeding by pressure or plugs. A secondary coagulum in an artery, I believe, never does become organized, but merely obeys physical laws. This case occurred in the same individual, in which the femoral artery united so kindly; and at a time, too, when his system was in a more favorable condition. It is probable, that if from the beginning perfect rest had been maintained, hæmorrhage would not have occurred. The position of the wound, too, was unfavorable, for from the scantiness of soft parts, and from their being held asunder by the surrounding bony structure, it is probable that no lymph was thrown out around the mouth of the vessel; and the whole resistance to the heart's action, was in the clot in the artery.—*New Orleans Med. and Surg. Journal.*

#### THE LATE EPIDEMIC OF PUERPERAL METRITIS IN THE PARIS HOSPITALS.

THE Gazette Medicale of August contains an interesting account, by MM. Bidault and Arnoult, internes, of a very fatal epidemic of puerperal fever, which reigned in the Paris hospitals in 1843 and 1844. The opportunities for observation, of these gentlemen, extended over three hospitals, those of St. Louis, the Hotel Dieu, and the Hotel Dieu Annexe, in each of which there is a small ward devoted to midwifery. Epidemics of puerperal fever have been common of late years in Paris, in the midwifery establishments, especially at the Maternité, the large obstetric hospital, at which it reigned with great violence at the time it was observed by MM. Bidault and Arnoult. At the Hotel Dieu, the epidemic reigned in January, February and March, 1843. There were 11 deaths in 45 deliveries, in the three months, whereas there had not been one death in the 140 deliveries which had occurred during the previous nine months of the preceding year; at the Hotel Dieu Annexe, out of 67 women delivered, 16 were attacked, and 14 died. The epidemic occurred in the months of November and December of the same

year (1843). The patients had been drafted from the Maternité, on account of the existence in that Hospital of a very fatal epidemic. The St. Louis epidemic took place in the months of September, October and November, 1844. Some isolated cases had occurred in the year, but it was only during the period mentioned, that the fever assumed the epidemic form. Out of 44 deliveries there were 9 deaths.

Generally speaking, the morbid symptoms manifested themselves at the period of the milk fever, from the second to the third day. In one case, they appeared a few hours only after delivery; in some few, only four or five days after. Nearly always, the attack commenced by rigors, of greater or less duration, followed by febrile reaction. In some instances, the rigors were absent, febrile heat of the skin, frequency of pulse, restlessness and abdominal pain, opening the scene. The pulse always became very frequent, its pulsations rising to 110 or 120, and its strength depending on the freedom of the general reaction after the rigors. At the same time, there was cephalalgia, redness, and injection of the face, brilliancy of the eyes, anorexia, frequent and laborious breathing, a loaded state of the tongue, which rapidly became dry, bilious vomiting, diarrhœa, or constipation. At Saint Louis, obstinate constipation was present in every case, and no intestinal lesions were found after death. At the Hotel Dieu, diarrhœa was, on the contrary, equally universal, and the follicles of Brunner were constantly found hypertrophied. There was generally abdominal pain from the commencement; sometimes the pain was slight, sometimes very severe. The uterus remained voluminous, and there was more or less abdominal tympanitis, especially when the affection assumed at an early period the typhoid character. The lochial discharge was nearly always diminished, but seldom entirely suspended. The breasts became flaccid if the milk had previously appeared; if not, it was not secreted. The urinary secretion was diminished, and the excretion was sometimes difficult. Indeed, in some cases, the bladder had to be emptied occasionally by means of the catheter.

The second period of the disease was characterized by symptoms of still greater gravity. All reaction ceased. The face became deeply altered, the eyes were sunk in the orbits, and surrounded by a black circle, the lips livid, the nostrils dry, and filled with particles of dust. Extreme prostration of strength accompanied these symptoms, along with great anxiety of countenance. The abdominal pains disappeared, the tympanitis, at the same time, increasing considerably. The respiration was difficult and laborious, as many as 45 or 50 inspirations being made in a minute; pulse 140 or 150, small, irregular, depressible; alvine evacuations involuntary; fluids rejected by inargurgitation; tongue dry, and covered with a dark fur; breath fœtid; extremities cyanosed. Death generally followed on the fifth or sixth day of the attack, the patients retaining their intellectual faculties to the last.

In some few cases, there was an apparent remission, which, however, lasted, generally speaking, for a short time only. In the course of a few hours, the disease resumed its fatal progression. With the small number of patients who recovered, the symptoms continued gradually to im-

prove. The respiration became easier, the pulse fuller and slower, the thirst less intense, &c. The convalescence was tedious, and necessitated several months' residence in the hospital. In some patients at the Hotel Dieu Annexe, and with all at Saint Louis, there was an intense bronchial catarrh.

The body of the uterus was always found more voluminous than it ought naturally to have been at the period of death. Its cavity contained grey, sanious, fetid, false membranes; on washing them away, the surface which they covered was, however, found white and apparently healthy. The implantation of the placenta was marked by small coagula. The tissue of the uterus was firm and healthy. There was none of the gangrene or putrescence (*putrescentia uteri*) which has been described by German writers. There were not, either, any abscesses. The peritoneum covering the uterus was often inflamed, and covered with false membranes. No uterine veins were ever found diseased, but the uterine lymphatics were inflamed and filled with pus, in a great proportion of the cases. At the Hotel Dieu Annexe, the inflammation did not extend beyond the lymphatics of the uterus. At the Hotel Dieu, in some cases, and at Saint Louis in all, a great number of inflamed lymphatics, filled with pus, were found in the lateral ligaments, and on the surface of the ovaries. These inflamed lymphatics terminated in the pelvic ganglions, which were sometimes themselves softened and filled with pus; the efferent vessels, however, were never found diseased. The lateral ligaments were covered with false membranes; the ovaries, also, were enlarged, and infiltrated with pus; the Graafian vesicles on being incised were often found filled with pus. At the Hotel Dieu, and at the Hotel Dieu Annexe, where the symptoms of peritoneal inflammation were more marked from the onset than at Saint Louis, the peritoneum was also found more extensively inflamed. The peritoneal cavity contained a considerable quantity of purulent serosity, in which floated detached false membranes, and the intestinal folds and lateral ligaments were united by false membranes. In some cases, there was a sub-serous injection on the intestinal folds. At Saint Louis, where the typhoid symptoms predominated, the peritoneum merely contained a white lactescent effusion, without false membranes, or adhesion of the intestines. The peritoneum was pale, without any inflammatory injection. In these cases, there was purulent infiltration of the sub-peritoneal cellular tissue of the pelvis, and suppuration of the lymphatics of the lumbar region. The stomach contained an enormous quantity of a greenish fluid, but presented neither inflammation nor softening. The follicles of Brunner, to the alteration of which, in puerperal fever, much attention has been paid of late, were only found diseased at the Hotel Dieu. They presented the appearance of a papular or pustular eruption, with a white apex. Whenever they were met with, diarrhœa had existed. At Saint Louis, where the intestinal mucous membrane always appeared healthy, there was no diarrhœa, but, on the contrary, obstinate constipation. The liver was never diseased. The spleen was sometimes larger and softer than usual, but not otherwise affected. The parenchyma of the lungs was



generally healthy; hypostatic engorgement was sometimes met with, and appeared to be similar to that of typhus fever. There were no partial pneumoniæ or metastatic abscesses. At Saint Louis, the small bronchi were obstructed by mucus in some cases. At the Hotel Dieu Annexe, pleuritic effusions, single or double, were common. No lesions were met with in the heart or pericardium. In a few instances in which delirium had been present, the membranes of the brain were found slightly injected, as also the surface of some few cerebral convolutions; otherwise, there were no lesions of the nervous system.

These epidemics manifested themselves, as is usually the case, without any appreciable cause. It may be remarked, however, that they all occurred during the cold months of the year. It would appear, that it is generally during the cold season that epidemics of puerperal fever manifest themselves in Paris. The fever cannot have been occasioned by unusual crowding of the patients, as, at Saint Louis, the number delivered was smaller than usual, and at the Hotel Dieu not greater. A circumstance worth noticing is, that of sixty-seven women delivered in the special midwifery ward at the Hotel Dieu Annexe, fourteen died; whereas, out of twenty-one women dispersed in the medical wards, and therein delivered, during the same interval of time, only one died. It must, however, be mentioned, that the sixty-seven females alluded to had been drafted from the Maternité, where puerperal fever existed, and where they had resided for some time. They may therefore have brought with them a kind of predisposition. Various circumstances occurred during the epidemic which seem to favor the idea of contagion. Thus, at Saint Louis, for some time, all the women placed in two small rooms were attacked. A woman operated on for uterine polypus, and placed in one of the midwifery rooms, was seized two days after the operation with the same symptoms as the other women, and died. On examination, the only lesion found was the lactescent effusion into the peritoneum. The uterus, as also the veins and lymphatics, were perfectly healthy. Ancient authors—Van Swieten, for instance—consider non-lactation as a predisposing cause. Most of the women attacked during these epidemics were not suckling.

The principal means of treatment resorted to, were bleeding, general and local, mercury administered internally and externally, the essential oil of turpentine, ipecacuanha, and the tincture of aconitum. General bleeding, which was tried when the re-action was energetic, the pulse full and resisting, was not attended with beneficial results. The pulse soon fell, and extreme prostration followed. Local bleeding, by leeches applied to the parietes of the abdomen, always gave relief, but the amelioration was only momentary, the pains soon returning. Calomel was administered internally, twenty or thirty grains being given in six doses in the course of the day. It nearly always acted on the bowels, but did not occasion salivation. As, however, it was seldom possible to continue its use more than two or three days, owing to the short duration of the disease, this is not surprising. At the same time, mercurial ointment was rubbed into the thigh in some cases. In two instances, two pounds were

rubbed in within the twenty-four hours without preventing a fatal termination. Turpentine was given to three patients without success. Ipecacuanha, which was administered, apparently with great success, by Douchet in an epidemic of puerperal fever at the Hotel Dieu at the end of the last century, was also resorted to in the first stage. It appeared, in some few cases, to produce slight amelioration for a few hours, but the disease soon resumed its former intensity. In the only two cases that were saved at the Hotel Dieu Annexe, the treatment consisted, at the onset, in antiphlogistic measures, and, subsequently, in the use of mercury, internally and externally, and in the administration of the tincture of aconitum; at first one drachm, and afterwards two, in a four-ounce mixture during the twenty-four hours.

#### SLOUGHING AND CANCER OF THE WOMB.

By E. L. Dudley, M.D., Lexington, Ky.

*Sloughing of the Womb after Parturition.*—During the winter of 1837, a physician brought his wife from Alabama, to consult Professor Dudley upon the propriety of an operation which he wished to have performed upon her. The vagina was completely closed. The history of the defect was as follows. Some years previously she had given birth to a child, and in the progress of parturition great violence had been done the internal organs and vagina. So great was the injury that sloughing ensued, and the husband stated that he recognized, in the slough, a portion of the uterus and Fallopian tubes. The consequence was the entire occlusion of the vagina, by adhesion of its opposing walls. Some years had passed since this catastrophe, and yet there was no evidence of the menstrual secretion. This fact convinced Professor Dudley, together with the representations of the husband of the patient, that the uterus was destroyed, and such being the case, he declined subjecting the lady to the pain of an operation, without any prospect of beneficial results. If the uterus had not been destroyed, the accumulation of the menstrual fluid would have distended the lower portion of the abdomen, so as to present appearances of pregnancy. The vaginal adhesions would have yielded to the pressure, until becoming thin enough to admit of division, she might have been relieved.

*Cancer of the Womb.*—As a general remark, the local pains are of the most excruciating character, in this disease. Frequent and dangerous hemorrhage occurs, and in the interval, the burning, bearing-down sensation is almost insupportable. Professor Dudley treated a case which offered remarkable exceptions to the usual symptoms of cancer uteri. This patient did not complain, at any time, of the womb. The interruption of her menses and the leucorrhœal discharge were supposed to result from the disease in the chest, of which she seemed to be sinking. She had pain in the side, diarrhœa, and hectic fever, and for weeks prior to her death expectorated large quantities of pus. A *post-mortem* inspection, however, proved the lungs to be perfectly healthy. The womb was

completely destroyed, with the exception of a small portion which served as a medium of union between the bladder and the rectum, between which there was an ulcerated opening of considerable extent.

Andral mentions cases, and they have been observed by other pathologists, in which the mucous membrane of the trachea and bronchi appeared perfectly healthy, when during life the symptoms had been those of phthisis or chronic pulmonary catarrh. Dr. Wilson Philip speaks of the dyspeptic phthisis. The singularity of the above case consists in the fact that the lungs should have become the exclusive seat of complaint, while the cancerous disease had committed such fearful depredations upon the pelvic viscera, and in such an insidious manner as to have escaped observation. The case hereafter recorded, represents the usual symptoms and progress of these diseases of the womb.

*Cancer of the Womb.*—A black woman, æt. 35, belonging to General D., of this vicinity, never recovered her health after the birth of her last child, in the spring of 1841. She had occasional and irregular discharges from the uterus for some months, and I was finally requested to visit her in the fall. The discharges about this time became frequent—alternately sanguineous and leucorrhœal. She suffered intensely with the return of every menstrual period, and at this time the hemorrhage generally recurred. She was unable, on account of the continual burning pain in the post pubic region, the progressive emaciation of her person, and the leucorrhœal discharge, which became constant during the winter, to engage in any of the duties of the family. She passed the summer of 1842 in unmitigated torture. The discharge from the womb was disgustingly offensive, and during the month of August, when she evacuated her bowels, the fæces passed per vaginam as freely as from their natural exit. About the middle of October she was released from her sufferings, and I was permitted to make a *post-mortem* examination. The uterus, rectum and bladder were firmly united together, constituting a mass of indurated matter as large as a half peck measure. Os tincæ and the neck of the womb were destroyed—the anterior face of the rectum, and the posterior wall of the bladder, were extensively invaded by ulcerative absorption, and these viscera communicated through the medium of the womb. The coats of the bladder and intestine were half an inch in thickness, and the body and fundus of the womb converted into a shapeless mass of disease.—*Western Lancet.*

#### LETTER ON HOMŒOPATHY.

*From an old Physician HERE, to a young Physician there, in reply to a communication from the latter recommending HOMŒOPATHY.*

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—You was right in supposing “it possible,” and you might have added more than probable, that a letter from you, both now and at all times, would be very acceptable. To be kindly remembered by old



friends and acquaintances cannot fail to be agreeable—a visit, a letter, or cordial recognition, from those I have known at different and distant periods of a pretty long life, is one of the greatest pleasures I enjoy, in my old age and comparative retirement.

Waiving the compliments, and coming to the leading subject of your letter—*homœopathy*—I might well excuse myself from all discussion of its merits, by saying that I was too old to *learn*, and, in my 85th year, too old to *unlearn* what little I have heretofore learned—but finding that it is a subject which has captivated you, with many others, I will not avail myself of this excuse, but freely give you the crude notions which have occurred to my mind, although I foresee they will differ widely from your own—but one had sometimes rather be contradicted than neglected. When this *system* was first announced, with the strange assumptions that most diseases proceeded from the *itch*, and that all diseases were to be cured by medicines capable of producing the same disease in the healthy body—that *similia similibus curantur* was the rule, or, in plain English, that “the hair of the same dog would cure the bite”—and furthermore, and moreover, that a millionth part of a grain of any ordinary medicine, divided and subdivided, by some hocus pocus manipulation or agitation, would produce greater effect on the constitution than a large or full dose of the same—I confess I was so struck with these and other absurdities and contradictions, that I said to myself, “this is the baseless fabric of a vision”—and accordingly set it down at once to the account of Mesmerism, transcendentalism, and other *Germanisms*, of which that dreamy country has been so prolific of late years.

I have read very little on the subject, but I have seen and heard enough to convince me that it is chiefly *humbug*—sublimated quackery—having this advantage over vulgar quackery, that, to use a nautical phrase, “it comes in by the cabin windows and not by the hawser hole;” it takes with the better informed, more refined and fashionable part of the community, rather than with the poor and illiterate—for which several reasons may be assigned. It comes recommended to them, like its predecessor, the *moon story*, in the imposing garb of *science*, and, learned as they are in theology and metaphysics, law and general literature, they wisely consider themselves most competent judges in the case; not aware of the peculiar and intrinsic difficulties of a subject so foreign to their ordinary studies and pursuits. Homœopathy, as it is called, makes bold pretensions to superiority over the art, as commonly practised by the regular physician, which with the latter is notoriously and *confessedly* imperfect, inasmuch as men, women and children *do die daily* of various diseases, notwithstanding the best exertions of the best old-fashioned doctors. It is a novelty, and drowning men will catch at straws—and who can blame them? they wish to live, and think they have much to live for. Then it is such an elegant mode of practice, and taxes the delicate palate and stomach of the patient so lightly, and its *pearls*, if not dear-bought nor far-fetched, are so fit for ladies. Moreover, to keep up the delusion, it can under these new colors fight disease with whatever weapon it chooses—upon an emergency, steal an arrow from

the quiver of *allopathy*, without fear of detection—and the knowing ones (for such there doubtless are) will not willingly let a patient die, when their better knowledge teaches them that a resort to *allopathic* medicine will save him; but the doctor and his remedies still wear the homœopathic flag—and were the artifice known to both, such is human nature, the true interest of one party and the false pride of the other would keep the secret—

And make the pleasure quite as great,  
Of being cheated, as to cheat.

To all which may be added—we live in an age of such new discoveries and inventions, that nothing new seems incredible. Steam has outrun the horse and beat the wind, and electro-magnetism has beat the beater. Machinery of various kinds has almost superseded the labor of man. And why may not the medical art be so improved and perfected as to annihilate disease, and prolong human life to the age of the antediluvians, as the illustrious BACON has predicted—and why may not homœopathy be the one thing needful to fulfil the prediction—ay, why not?

Early in this business, I was asked by a learned convert, what I thought of it. I told him that in my opinion it depended upon the solution of a problem—whether too much medicine was not worse than none at all; for it is a fact, of the truth of which I have been long convinced, that in ordinary practice, physicians give too much and too many medicines, without due regard to their real efficacy, their affinities or compatibilities—either from an over-estimate of their virtues, or over-complaisance to the longings of their patients—for it is an old observation that the people love remedies (*plebs amat remedia*) for their real or imaginary ailments—whilst probably nine out of ten of them might more safely be trusted to regimen and the conservative and restorative powers with which God has blessed this last work of his hands. It is these imaginary, nervous or chronic complaints, which afford the most promising field for homœopathy. Here infinitesimal doses, aided by strict attention to diet and regimen, will do wonderful things in a few weeks, which are generally allotted, I am told, for any sensible effects to be perceived from the new remedies. In the mean time abstinence, and faith without works, have wrought the cure.

I like, however, this minute attention to diet—it is a thing too much neglected in the ordinary practice. I give homœopathy credit for this, and for the more frequent use, perhaps, of some neglected narcotics, and their professed simplicity in the use of remedies, which may be regarded as improvements. Indeed the wildest medical doctrine ever promulgated, from Paracelsus to Hahnemann, has led to some useful results—the introduction of some new remedy, or some modification of an old one. A new sect in physic, as in religion, must do something by the common, or gain few proselytes.

You say, and I doubt not your sincerity, that you have studied the subject with attention, “minute examination, and careful *experiment*,” and have come to the conclusion that the doctrine of homœopathy is *true*. But have you considerably asked yourself the question what is

*truth*, and what is *reliable* experience, when applied to this subject? Now I fear *absolute truth* is unattainable in medical science, and *reliable* experience too seldom attained. The fallacy of experience is a complaint as old as Hippocrates—he expresses it in his first aphorism, “Life is short, art long, opportunity fleeting, *experience fallacious*.” If we should believe all that sensible, well-disposed persons tell us of their experience, we should believe contradictions without number. Dealers in medicine have been too hasty in drawing conclusions—*post hoc ergo propter hoc* has been an abundant source of fallacy in all ages. Men seem to forget the old adage, that one swallow does not make a summer—or that the favorable termination of a hundred cases of disease does not definitively settle the question, between the strength of the remedy and the strength of the patient, or self-limited nature of his disease. Experience must be scrutinized and cross-questioned a thousand ways before she can be considered an indubitable witness in a case of life and death, at the bed-side of the sick.

What you say of the “immutable laws” of homœopathy, as forming a code uniformly applicable to every case of disease, in every clime—like an interest table, or book of logarithms, to be referred to as an infallible guide—affords, in my opinion, the strongest proof which could be offered of the absurdity of its pretensions. One could as soon believe a portrait painter, who sitting here in his studio, should pretend he could take the exact likeness of every man or woman in Europe or America without seeing them. The general outlines, the prominent features, of the human countenance, we know he can draw; but the nice shades of difference, the particular expression by which every face is distinguished from every other face, are beyond the reach of his art—each case requires one or more deliberate sittings, and a practised eye.

No, my dear friend, let us honestly confess, that the science of medicine is *imperfect*, and from necessity will always be so, till man and his nature are changed. Absolute truth and certainty in it, are unattainable; some near approach to truth, a high degree of probability, is all we can hope for. But by study, observation, and *well-digested* experience, we may attain that, which will always render the medical art, in discreet hands, honorable to its professors and beneficial to mankind. It is thus, that with different degrees of probability, far short of demonstration, some of the most important affairs of life are conducted. It is thus, with some science, and much more experience, the seaman and the farmer pursue their several avocations, and for the most part successfully—yet neither can calculate with *absolute certainty*, on a safe voyage or an average crop.

I might say more did time and space allow. You will think, perhaps, I have already said enough—not too much, I hope. We can agree to disagree in theory, whilst in practice I trust we shall always agree in all that regards friendly feelings or mutual good offices. If I have treated your new favorite sometimes with levity, it was when I found it impossible to be grave on such a subject. If I have sometimes spoken with confidence, remember you set me the example.



After all, whether this *new light* is to bedim all other lights and become our true and only guide ; or to prove itself an *ignis fatuus* to mislead the unwary ; whatever its merits or demerits, I will venture to leave to time and experience to settle, confiding always in the truth of that sententious remark of a wise Roman, "*Opinionum commenta delet dies. Naturæ judicia confirmat*"—or to the same effect, that of his near cotemporary, the Jewish doctor, "If this thing be of God it will stand, if otherwise it will come to nought." So long as you continue to practise homœopathy, with a clear conscience (and I am sure you will practise it no longer) I hope you may find it *profitable*. The business of a physician has a double aspect—not *Janus*-like, for they both look forward—one a trade by which a man is to get his bread, the other a liberal profession, which has for its object the greatest earthly good of mankind ; and they are not irreconcilable. That you may succeed in both, is the wish and prayer of your old and sincere friend,

W.

Sept. 4th, 1845.

#### COLLECTION OF MEDICAL DEBTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An article in the Journal of September 24, "On cheating doctors out of their dues," contains much truth, but is nevertheless a partial view of the subject. Medical men themselves, as a body, do much to create and encourage the evils of which they complain so loudly. To secure the patronage of a certain portion of the public, is it not true that doctors, especially young doctors, flatter and feed their prejudices and succumb to their meanness and parsimony, and thus become the victims of their own indiscretion and want of forecast? Mankind are the same in all places, and he who neglects or refuses to pay his grocer's and butcher's bills, will not be likely to think of his doctor's—when he is in health. Community may be divided into classes. One, who do not mean to pay ; another, though honest, industrious and grateful, are, unfortunately, really unable to pay ; a third, who can and will pay on compulsion ; and a redeeming class, who reconcile a physician to his profession, and who pay promptly, liberally and cheerfully.

After a pretty long life of professional labor, with ample experience of its perplexities, vexations and privations, we venture to propose a plan for the collection of "dues," which may commend itself to imitation. A doctor's bill should be presented for payment—either by *cash* or *note*—quarterly. Those who are able and willing to pay will not object to the requirement. With the honest, industrious poor, such abatement should be made, *on settlement*, as can be afforded, and an arrangement for the payment of the balance suited to their condition and circumstances. Those who refuse to pay and decline to give a note—*mark them*. To carry out the plan, provide a common folio alphabet for a *diary* of charges made alphabetically, equivalent to day-book and ledger, for the quarter. At the end of the quarter, if the "doctor" have

curiosity and has charged himself with his cash receipts, by footing the diary he will get the amount of his business for the quarter. Transfer the unpaid accounts from the *diary* to a *bill-book*—a pocket ledger with an alphabet attached—and without delay present and settle these bills as above proposed, thus—

|                |   |          |               |
|----------------|---|----------|---------------|
| 1815.          | A———  | B———,    | Dr.           |
|                |   |          | Dolls. Cents. |
|                | <i>Med. Attendance, from Jan. 1 to April 1.</i> |          | — —           |
| Cr.—Disc't, \$ | Cash, \$  | Note, \$ | to bal. — —   |
| <i>April</i>   |   |          |               |

Those who refuse to pay or to give a note *must* be told (courteously), on their application for services afterwards, that no physician can afford to render his services gratuitously. There are anomalous cases to be provided for. For instance, a stranger calls on the doctor to make a journey, requiring him to be absent from his home, family and business, at a sacrifice of time and money. Before making an engagement, let the doctor inquire who is to pay? The doctor's sympathy will be often appealed to, and his benevolence taxed. He will be told that the patient is very sick and very poor. Then let his sympathizing relatives and friends and neighbors, who are well to do in the world, make up a purse for the doctor. If the proposed plan startles the young physician, he may know that the experiment has been made, and the plan *works* admirably. And if he have not come to the conclusion, that "better be d—d than noticed not at all," and if he can "screw himself to the sticking place," and adopt the plan, it will not only promote his pecuniary interests, it will give him professional caste; and when it is seen and understood that he dares to respect himself and the noble profession to which he has devoted himself, our word for it, he will command the respect, confidence and support of those whose patronage is worth possessing.

SENEX.

## COPLAND'S MEDICAL DICTIONARY.

By Stephen W. Williams, M D.

[Communicated for the Boston Medical and Surgical Journal.]

I CANNOT forbear to express my unbounded satisfaction in the reception and perusal of a volume of this inestimable work, now in the process of publication by the Harpers, which has been presented, as its annual volume, to every fellow of the Massachusetts Medical Society who has paid his annual assessments. In my opinion so valuable a medical work has never been laid before the American medical public. And it is rendered doubly valuable to American physicians by the able notes of the indefatigable and untiring editor in this country, Dr. Charles A. Lee, whose name alone is a guarantee to the successful sale of the work. So long as such a book as this is patronized and read by our physicians, there is no danger of the science of medicine deteriorating in our country. It is

a perfect *exposé* of the progress and state of the theory and practice of medicine to the present moment, or an encyclopædia of everything that is known upon the subject on which it treats: We ought to hail the day of the publication of such a work in our country, as a day of jubilee for the triumph of the healing art. Let empiricism in all its protean forms assail us; let hand-bills, extolling patent quack medicines, which are the disgrace of our country, stare us in the face at the corners of our streets and in every grog-shop, so long as we have such works as Copland's Medical Dictionary, the Cyclopædia of Practical Medicine, and a few other works of a similar character to guide us, our ship will still continue to ride triumphant in the harbor of public opinion.

Not an uninteresting portion of this valuable work is the bibliography or reference to the work which treats upon the subjects recorded in the Dictionary. Not a work escapes the notice of the able author and editor, from Hippocrates, Galen, and Avicenna, to the present moment. The author refers to foreign works, and the editor to American. Both have great and almost unequalled facilities—the former, in having access to the immense libraries of Great Britain, and the latter to those of the United States, and they both have diligently improved the advantages to the edification and instruction of their readers. Seven years ago the Massachusetts Medical Society re-published, for its members, the two first volumes of this invaluable Dictionary. It was a dark epoch which compelled her, through the inability of the author, from some cause unknown to me, to suspend for a while the publication of this great work. Now that he has again resumed his labors, we trust we shall possess all the light which these pages will bestow upon us. We hope and believe that the work will steadily progress, without further interruption, to its closing sheets. Then, while every other branch of medical literature and science as rapidly advances, we shall be able to show to the world that our profession is more enlightened and scientific than most of the other professions. It is devoutly to be hoped that every physician in our country will procure a copy of this inestimable work.

*Deerfield, Mass., Sept., 1845.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 8, 1845.

*New York Mastodon.*—A correspondent furnishes a few observations upon the character of the great skeleton recently exhumed on the farm of Mr. Nathaniel Brewer, of Newburgh, N. Y., which, by way of designation, is called the New York mastodon. The bones have been put together, and the fact is ascertained that the phalanges of one hind foot, only, are missing. Accompanying the letter is a fragment cut from a paper published near the locality where the skeleton was found, that gives some new views in respect to the appearance of the animal when living. A no-



tion has been entertained by naturalists, that there was a general external similarity to the elephant—the spine being curved to form an arch between the front and hind limbs, which represented abutments. That mechanical structure seems to be positively necessary in the elephant to sustain the prodigious weight of the abdominal viscera ; but in the mastodon, it is declared with confidence, by the writer of the article which follows, that the spine was nearly horizontal. Comparative anatomists, however, will soon settle that question, when they examine the Newburgh bones by the side of those from New Jersey, now on exhibition in Boston.

“ From the skeletons heretofore made of this animal, and also from the drawings of them, a very incorrect idea is formed of its shape and dimensions. It is a very prevalent opinion that it is like the elephant. But it resembles that animal only in having a trunk and tusks, otherwise the whole form is different. Unlike the elephant, its back, instead of arching upwards, bends a little downwards, giving to it rather the shape of the horse. Its head, in its natural position, is nearly two feet higher than any other point, its top being nearly thirteen feet from the ground. This we can readily credit when we reflect that the tusks would project nine feet in front, and would have been utterly unmanageable if the head had not been placed high up. From the top of the head it slopes off gradually to just behind the shoulder blades, and thence the back is horizontal to the root of the tail. This is the case with the top of the back ; the under side is a gradual and graceful curve as far as the third or fourth vertebrae of the back, where the direction again becomes nearly horizontal. The entire form and structure of the animal is wholly different from the elephant. It has a short tusk or tooth, coming downwards from the front point of the lower jaw.

“ Length of hind legs, 6 feet 6 inches ; length of fore legs, 6 feet 2 inches ; height of fore shoulder, 10 feet 9 inches ; height of rump, 8 feet 6 inches ; length (including tusks), 28 feet 4 inches ; between hind legs, 2 feet 8 inches ; between fore legs, 2 feet 2 inches ; length of hind foot, 1 foot 10 inches ; length of fore foot, 1 foot 11 inches ; insertion of tusks, in head, 2 feet 5 inches ; height of top of the head, 12 feet 6 inches.”

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*Solitary Imprisonment.*—After the appearance of an article in the Journal, on the health of convicts in the Massachusetts State prison, week before last, the question was asked us, if the intention was to cast reflections upon that very distinguished philanthropist, Miss Dix ? We were not a little amazed that any one should suspect an allusion to any individual was made in that paper, when the sole object was to attack what we consider a false principle. We never saw Miss Dix, to our knowledge, nor have we read one of her reports ; but from all that has been represented of her active benevolence and excellence of heart, no one respects her more than ourselves, and we regret extremely that the idea was suggested from any source that she was particularly the mark to which the observations pointed. Indeed, whether she is an advocate or not for solitary cells, in which state prisoners are to be kept out of sight and out of mind, is of little consequence, since our humble efforts are solely directed against the error in question. All our readings, including the reports of medical attendants of institutions where the solitary system has been adopted, have convinced us of its barbarity, and its destructive influence on the body and mind.

These observations, let it be understood, are aimed against what we consider a growing disposition to revive the cruelties of a demi-civilized age. Man was made for society, and to cut him off from all intercourse with the great family to which he belongs, so that all social relations are wholly destroyed, is an infliction of no ordinary character. Modern christian legislation has in view the restoration of the criminal to the privileges and enjoyments which are temporarily withheld, but the horrible incarceration of a human being in a cell, alone, night and day, year in and year out, so located that his every movement is seen by a watchman whom he cannot see, is worse than death. The grave presents no aspect so terrible to a rational being. Testimony of the highest order has been repeatedly adduced to show the bad effects of the solitary cell discipline. Wherever adopted, the very keepers themselves, medical observers, and, lastly, the great public, revolt at this modern deterioration of the science of legislation.

Nothing is easier than to theorize on the beautiful moral effects of solitary confinement. It so refines the feelings, purifies the heart, and develops a religious sense of sin, dependence and accountability, that the hardened wretch melts with contrition in the tomb in which he is permitted to breathe out a vegetable existence! God forbid that such humanity as this should germinate in New England. Philosophy, religion, and the dictates of sound sense, war against such a shocking perversion of law, under the thin drapery of *the best good of the prisoner!* A medical journal is not precisely the place to argue a grave topic like this; still, we shall never flinch from vindicating the unalienable rights of every member of the great family of man, to inhale the air and enjoy the light of day. When all civil rights are forfeited by perversion of conduct, by high crimes against the peace and well-being of society, a penalty must be inflicted, but common humanity requires that punishment shall be tempered with mercy.

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*Inoculation of a Cow.*—Dr. S. A. Cook, of Baskirk's Bridge, N. Y., inserted in a heifer variolous matter taken from a subject about five months previous, on the 11th day of the disease. At the end of seven days it produced no effect. On the ninth day we received a note from Dr. Cook, but he had not seen the animal for the last two days. We expect to have the result for publication, when his experiments are brought to a close. What is the reason his report to a medical society in 1841, on the question, how far kine pock affords protection, has not been published in full? Our own mind is definitely made up on the subject, viz., that when once well vaccinated with pure lymph, the protection is ever after complete. Still, we covet the opinions of others, however much they may differ from our own, since the governing ambition in conducting a medical journal, should be not to propagate solely our own views, but those of the whole profession.

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*Massachusetts Medical Society. Counsellors' Meeting.*—At 11 o'clock, on Wednesday last, the President in the Chair, the Council was called to order. Dr. Dalton declined the honor of delivering the anniversary discourse in May, 1846, and Dr. John O. Green, of the city of Lowell, was thereupon unanimously elected orator for that occasion. Some matters of

medical police, regarding the alleged violation of certain by-laws, were referred to committees. A committee was also raised to report at the next meeting of the council, in February, in relation to sending delegates to a proposed National Medical Convention to be held in New York in the month of May, 1846. There was a tolerable full council, considering how freely it rained at the hour of assembling; and although so dark that candles were introduced, there were present many bright lights of medical science.

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*Washington University of Baltimore.*—By the annual circular, it appears that medical lectures commence on the last Monday of this month. A new department, entitled "*General Pathology and Special Pathology, Physical Diagnosis and Treatment of Diseases of the Chest,*" has been instituted, to which Samuel A. Annan, M.D., is appointed. Dr. S. K. Jennings, on account of infirmities and ill health, a while since resigned the chair of Obstetrics and Diseases of Women and Children, to which John Fonerden, M.D., was elevated. Drs. Monkur, Foreman, Baxley, Gibson and Wilson, are all known to the medical community, and their professional attainments extensively acknowledged.

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*Domestic Management of the Sick Room.*—This little volume, from the press of Lea & Blanchard, strikes us favorably. The name of Dr. R. E. Griffith, the American editor, is another favorable indication of its value. Through Messrs. Ticknor & Co. a copy has just been received, but too late for an extended notice. Some idea may be formed of the object of the author, Dr. Anthony Todd Thomson, of London, by the heads of chapters, which are—furnishing the sick-room; attendants; administration of medicines; cold affusions, shower bath, douching, fomentations, &c.; rubefacients, vesication, issues, setons, bandaging, &c.; convalescence, diet in disease and convalescence; and, lastly, mental influences upon the body in disease, and religious consolation in disease.

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*Medical Matters in Canada.*—Delegates chosen to represent the medical profession of the districts of Quebec, Three Rivers, Montreal and Toronto, met in convention on the 20th ult. The delegates for each district having produced their credentials, Dr. Valois, of Pointe Clair, then rose and requested the meeting to consider, before proceeding, whether Montreal should have the advantage of more votes than the other districts, seeing that when other medical societies existed, such societies had entrusted its affairs to the delegates of their respective districts. After considerable discussion, and after various modes of conciliation were proposed without effect, the question was about being put, as to whether the present Convention was one of delegates of societies, or one of the different districts, when Dr. Badgley moved to resolve, seconded by Dr. Marsden:

"That an Association of the Licensed Practitioners of the United Province of Canada, be now formed, with a view to excite and encourage a more extensive cultivation of all the departments of medical science, and thereby to elevate the character of the profession—to superintend, protect and maintain the rights and privileges of its members, and to induce among them cordial co-operation, in what relates to their common calling, as well as friendship and good feeling in their private relations."



To which Dr. Rousseau, seconded by Dr. Painchaud (Dr. Fortier also offered to second it) moved the following amendment:—"Dr. Rousseau propose en amendement, que les délégués de la profession médicale des différentes districts de la Province, ici représentés, se forment immédiatement en convention, pour délibérer sur les intérêts de la dite profession."

The amendment was carried by a majority of one—the Chairman not voting.—*British American Medical Journal*.

*Medical Miscellany.*—There were 197 sick seamen received into the Chelsea Marine Hospital the last quarter: 16 discharged, cured or relieved; 12 died, and 62 still remain.—Dr. Artemas Brown, of Medway, Mass., while with a patient dangerously injured by a fall, was informed that his house was on fire, and greatly to his honor and that of the profession of which he is an exemplary member, refused to leave the distressed man, although all his property was destroyed, till he had done for him all in his power.—The fear of an increase of yellow fever at New Orleans, seems to have subsided.—A lady in New Salem, Mass., had three daughters at one birth, on the 13th ult., whose average weight was 6 lbs. 9 oz. each.—The New Jersey Lunatic Asylum is to be 460 feet long on the front; the centre building 60 feet front, by 84 deep—and the whole, 3 stories high.—Dr. P. H. Lewis, of Mobile, well known by his writings on yellow fever, has been appointed Physician and Surgeon of the U. S. Marine Hospital in that city.—Two physicians in Buffalo have been prosecuted for employing people to exhume bodies.—A professor in Florence imagines that calculi in the bladder may be dissolved by electrochemical process.—Typhus fever is extensively prevalent at Leonardstown, Md.—A woman died at Wabash Bottom, Aug. 31st, 14 hours after being bitten on the lip by a spider.—Dr. Boughton, called Big Thunder in the anti-rent rebellion in New York State, has been convicted, and sentenced to State Prison for life.

Number of deaths in Boston, for the week ending Oct. 4, 43.—Males, 19; Females, 24. Stillborn, 10. Of consumption, 6—dysentery, 1—accidental, 1—sudden, 3—brain fever, 1—hooping cough, 2—measles, 1—inflammation of the throat, 1—old age, 3—typhus fever, 5—infantile, 2—disease of the bowels, 2—jaundice, 1—croup, 2—canker, 3—cholera infantum, 2—disease of the heart, 1—scarlet fever, 1—inflammation of the bowels, 1—rheumatic fever, 1—cholera morbus, 1—debility, 1—drowned, 1.

Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 14—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Sept. | Therm.        | Barometer.          | Wind. | Sept. | Therm.        | Barometer.          | Wind. |
|-------|---------------|---------------------|-------|-------|---------------|---------------------|-------|
| 1     | from 49 to 75 | from 29.33 to 29.36 | S W   | 16    | from 50 to 65 | from 29.33 to 29.50 | N W   |
| 2     | 65 74         | 29.04 29.24         | S W   | 17    | 40 60         | 29 59 29.61         | N E   |
| 3     | 68 77         | 28.96 29.00         | N W   | 18    | 61 79         | 29.26 29.44         | S W   |
| 4     | 61 62         | 29.08 29.12         | W     | 19    | 62 72         | 29.19 29.31         | N W   |
| 5     | 58 72         | 29.08 29.10         | N W   | 20    | 52 74         | 29.15 29.31         | S W   |
| 6     | 55 70         | 29.18 29.30         | N W   | 21    | 54 64         | 29 01 29.68         | N W   |
| 7     | 56 73         | 28.92 29.22         | S W   | 22    | 43 63         | 29.26 29.38         | N W   |
| 8     | 49 63         | 29.22 29.43         | N W   | 23    | 34 60         | 29.39 29.49         | N E   |
| 9     | 42 59         | 29.40 29.51         | S W   | 24    | 51 52         | 29.23 29.30         | N E   |
| 10    | 52 69         | 29.30 29.32         | N W   | 25    | 41 58         | 29.23 29.36         | N W   |
| 11    | 49 67         | 29.40 29.49         | N W   | 26    | 47 65         | 29.37 29.40         | S E   |
| 12    | 43 64         | 29.60 29.65         | N W   | 27    | 45 64         | 29.45 29.58         | N W   |
| 13    | 37 67         | 29.66 29.72         | N W   | 28    | 47 69         | 29.64 29.68         | S W   |
| 14    | 51 63         | 29.18 29.49         | S E   | 29    | 55 69         | 29.62 29.64         | S W   |
| 15    | 59 74         | 29.13 29.14         | S W   | 30    | 56 72         | 29.42 29.53         | S E   |

The month has been pleasant, mild, and rather dry; although sufficient rain has fallen to revive vegetation, not enough to raise the springs—more wells have been dry than usual. Corn and fruits have ripened favorably. On the morning of the 11th there was a white frost, and also on the morning of the 12th. The range of Thermometer has been from 34 to 82—Barometer, from 28.92 to 29.72. Rain, 2.57 inches.

*Insanity in Canada.*—According to the census returns, the number of the insane and idiotic in Canada is greater in proportion to the population than in the United States.

The total population of the United States is 17,069,453, and the number of insane and idiotic is 17,457 or 1 to 977. The population of United Canada is 1,199,604; the number of insane and idiotic is 2,376, or 1 to 504.

We subjoin the following particulars respecting the insane and idiotic in Canada, taken from the census.

Lower Canada, population, 693,549. Idiots, males, 478; females, 472; total, 950. Lunatics, males, 156; females, 152; total, 308.

Upper Canada, population, 506,055. Idiots, males, 221; females, 178; total, 399. Lunatics, males, 241; females, 478; total, 719.

The foregoing is from the May No of that excellent Journal, "The British and American Journal of the Medical and the Physical Sciences." We notice that the number of the idiotic in Lower Canada is three times greater than the insane, while in Upper Canada the number of insane far exceeds the idiotic. How is this to be explained? By the different origin of the population! The inhabitants of Lower Canada are nearly all of French origin—those of Upper Canada, British.

The insane of Canada are at present very poorly provided for. According to the Montreal Medical Gazette, there does not exist a single lunatic asylum in Canada; the receptacles for them do not deserve the title of asylums.

We are pleased to add that one is now building at the expense of the Government, at Toronto.

Nova Scotia is also destitute of an asylum for the insane, but Government Commissioners have recently visited the United States for the purpose of examining asylums preparatory to building one at Halifax.—*American Journal of Insanity*.

*Medical Schools in London.*—(Extract of a letter from Dr. LAWSON, of Lexington, Ky.)—Medical schools in London are numerous, one being attached to each of the principal hospitals. The most popular of these are, Guy's, University College, St. Bartholomew's, St. Thomas's, King's College, St. George's. These institutions are usually well organized, that is, they embrace all the branches necessary for a thorough medical education, including the following: Medicine, Materia Medica and Therapeutics, Surgery, Anatomy, General Anatomy and Physiology, Pathological Anatomy, Chemistry, and Midwifery, about three lectures will be delivered by each lecturer during the week. Full courses are not delivered in the summer, but lectures on special departments are given several times a week. Clinical instructions in Medicine and Surgery are given at most of the institutions. The summer lectures are attended by a very limited number of pupils, indeed there are comparatively few students in London during the summer. I have been present at a lecture on Pathological Anatomy when five constituted the entire audience; and also at an exceedingly interesting clinical lecture, one of a regular course, on diseases of the heart, with pathological demonstrations and reference to cases in an adjoining ward, when but three were present—but two regular pupils being in attendance.—*Western Lancet*.

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No. 11.

ON THE INFLUENCE OF EMPLOYMENTS UPON HEALTH.

DR. WILLIAM A. GUY, of London, Physician to King's College Hospital, has published in the *Lancet* the results of some important researches to the comparative health and longevity of the different classes of society. The first portion of his articles is composed mostly of tables, which cannot conveniently be copied. The principal results are summarily contained in the remarks which we give below. The exact estimate of the average length of life in the three classes mentioned, according to the tables is as follows: among the gentry and professional men, all who are above 15 years of age, 59; tradesmen, 49; the laboring class, 48.]

I have now contrasted the three principal divisions of society, and those classes of employment which are marked by the strongest distinction, with a view to ascertain the influence of condition and employment upon health, and I have arrived at the following results:—1. The gentry live much longer, and are much less liable to consumption, than either the tradesmen or the laboring class. 2. The tradesmen live a little longer, and are somewhat less liable to consumption, than the entire laboring class, but tradesmen who die of consumption, die somewhat earlier than the average of the laboring class, occupying in this respect an intermediate position between those who work in-doors and those who work out of doors, and between those who use little and those who use much exertion in their employment. 3. Men who work in-doors are shorter lived than those who work out of doors; they are also more liable to consumption, and fall victims to that disease at an earlier age. 4. Men who use little exertion in their employment are shorter lived, more liable to consumption, and die of that disease at an earlier age, than men who use more exertion.

In-door occupations, then, and especially the more sedentary ones, are unfavorable to health and life, and extremely favorable to pulmonary consumption. This being admitted, the important question arises—Are such employments necessarily injurious, or are they so made by adventitious circumstances? Do sedentary employments, provided they are carried on in airy and wholesome places, tend to induce disease and shorten life? We have no means of answering this question, for the simple reason, that all sedentary employments among the laboring class, almost without exception, are carried on in ill-ventilated and unwholesome apartments. It is true, that among the better classes, sedentary employments do not appear to exert a very injurious influence upon health; and this is a strong



argument against the assumed unhealthiness of such occupations, provided they were carried on under favorable circumstances. But the facts illustrative of the effect of sedentary occupations upon the better classes, are not so precise as to produce entire conviction of their healthiness. It is at least probable, that want of proper exercise, even though all other influences to which a man is exposed were wholesome, would have an injurious effect upon health, especially when carried to such an extreme as, unhappily, it is and must be, in so large a proportion of the laboring class.

But though the unfavorable circumstances in which the poor who work in-doors are placed, render it impossible to decide the question of the effect of sedentary employments apart from the impure air which they are constrained to breathe, there is abundant evidence to show that the sedentary employments suffer most from this latter cause. The tables which contrast the employments carried on within doors with different degrees of exertion, place this fact beyond a doubt, and the comparisons which I am now about to institute lend the strongest confirmation to it.

The compositor and the pressman work in rooms similarly heated and lighted, and to a like degree unventilated. Oftentimes they work side by side in different parts of the same apartment, and they differ from each other only in the amount of exertion which they use. It is difficult to find any comparison more exact in all particulars, except in that which is the object of inquiry, than that afforded by these two classes. They differ mainly in the amount of exertion which they are obliged to use. It has already been stated that the ratio of consumptive cases is higher, and the age at which the disease occurs, lower, in the case of the compositor. This shows the unhealthiness of his employment. The same fact appears in a still more striking point of view if we compare the existing ages of compositors and pressmen beginning their employment at the same age. This comparison is made in a table contained in my evidence recently given before the health-commission. One hundred and ninety-seven compositors who began their employment at 14, 15, and 16 years of age respectively, are compared with 45 pressmen beginning their employment at the same ages, and it results from this comparison, that while the mean age of the compositor is 28 years, that of the pressman is 34, a difference of six years. When the same comparison is made for the several ages separately, a similar result occurs, the pressmen having over the compositors the advantage of from three to ten years. It would appear, then, that men who work in close and ill-ventilated rooms suffer in their health in an inverse ratio to the amount of exertion which they use; in other words, that strong exercise tends to render impure air less injurious to the system.

A curious fact, already alluded to, is brought out by this comparison between the compositor and pressman—viz., that though the pressman enjoys a higher average of existence, the compositor attains the greatest age. Thus, the highest age of any compositor at work was 72 years; the highest age, in the case of pressmen, was 60. This fact may be

readily accounted for in this way. Sedentary habits are fatal to the young, strong exercise to the aged; but a few of those who follow sedentary employments having the strength of constitution necessary to withstand the action of the poison which they breathe, are free from those severe labors which cannot be carried on with impunity when a man has passed the prime of life, and is beginning to grow old. Sedentary employments promote pulmonary consumption, which is fatal to youth and early manhood; hard labor leads to bronchial affections, which are fatal to old age. At all periods of life, affections of the lungs are among the most fatal, taking the form of pneumonia in the child, of phthisis in the young adult, of bronchitis in the aged. All the comparisons which have been instituted tend to show that in-door labor is more unhealthy than out-door occupations. Compare what classes we will—the hawker who stands about in the streets and markets with the shopman; the compositor, the tailor or the laborer, with those using strong exertion within doors; and the same result takes place. Those who work in-doors are more unhealthy, and attain a lower average age. Now to what is this to be attributed? Those who work in-doors are more sheltered from the weather, and, on an average, have better wages, and can, therefore, command better food, clothing and lodging, than those who labor out of doors. What, then, is the effectual difference between them? Merely this: that the one breathes a foul and heated atmosphere; the others, pure air. If this explanation be correct, it ought to happen, that those who work in-doors in the most unwholesome atmospheres, and have the least amount of air to breathe, ought to exhibit the effects of such confinement in a greater liability to the disease to which the in-door laborer has been shown to be peculiarly liable. That this actually happens will appear from the following comparisons, which were also laid before the health-commission. When the several storeys of a building communicate freely with each other, it must happen that the hottest and foulest air will ascend to the uppermost flat, and it will be found that the workmen employed there make great complaints of the heat and closeness of the air. Two printing offices constructed in this faulty manner gave me an opportunity of making some very exact comparisons. In the one, seventeen men were employed on the uppermost floor, and fifteen on the floor beneath. On making personal inquiries of all the men respecting their health, I found that of the seventeen men employed on the upper floor, three had had spitting of blood, two were subject to other affections of the lungs, and five to constant severe colds. Of these seventeen men, therefore, ten were subject to diseases affecting the air passages and lungs; but of the fifteen men employed on the lower floor, one only had a disease of this nature, and not a single one had spit blood. In the second printing office twenty men were employed in the upper room, and fifteen in the lower. Of the former, two had spit blood, and eight others were subject to other diseases, making in all, ten invalids, or half the number. On the other hand, of the fifteen men employed in the lower room, one only had spit blood, and two others complained of illness. The invalids in

the upper room, then, amounted to ten in twenty, while in the lower they were three in fifteen, or at the rate of four in twenty.

A similar and not less striking difference is shown to exist between two classes of men having different quantities of the same air to breathe. The following is an example:—Forty men were employed in five rooms, containing an aggregate of 12,121 cubic feet of air, being at the rate of 303 cubic feet of air per man. These rooms were lighted every evening by sixty gas lights. Other forty men were employed in other five rooms, containing 31,549 cubic feet of air, being at the rate of 789 cubic feet per man, and these rooms were lighted in the evening by seventy-five gas lights. All the ten rooms were heated by stoves. Assuming that the gas lights in the two sets of rooms produced each an equal degree of impurity in the air during the time they were burning, the comparison between the two sets of rooms would become more complete if the quantity of air which the rooms respectively contained were divided by the number of gas lights burning during the evening. It results from this division, that while the first set of rooms gave a quotient of 5, the second gave a quotient of 10½. So that, whether we take the quantity of air alone, or that quantity divided by the number of lights, it follows that the men occupying the first five rooms had less than half the quantity of air to breathe which the men in the five larger rooms had. In all other respects their situation was precisely similar. Now, of the forty men occupying the smaller rooms, and consequently breathing a hotter and fouler air, five had spit blood, six were subject to severe catarrh, six complained of indigestion, two of great debility, and one of rheumatism. On the other hand, of the forty men occupying the larger rooms, and having a purer and cooler air to breathe, only one was subject to catarrh, two to indigestion, one to pain in the chest, one to nervous symptoms, one to headache, and one had varicose veins. Not one of them had spit blood. Of the first forty, therefore, exactly twenty, or one half, were invalids; of the other forty, only seven complained of any illness. One more comparison of the same kind will serve to place in a very striking light the sad effects of an impure and heated atmosphere. This comparison is made in the following table, founded on data carefully collected and recorded on the spot, in printing offices, visited with a view to determine the real influence of this cause on the health, and altogether uninfluenced by preconceived notions. The per-centage proportions alone are given.

|  | Spitt. blood. | Catarrh. | Other diseases. | Total. |
|--|---------------|----------|-----------------|--------|
| 104 men, having less than 500 cubic ft. of air to breathe    | - - 12.5      | 12.5     | 17.3            | 42.3   |
| 115 men, having from 500 to 600 cubic feet of air to breathe | - - 4.4       | 3.5      | 20.0            | 27.9   |
| 101 men, having more than 600 cubic feet of air to breathe   | - - 4.0       | 2.0      | 17.8            | 23.8   |

It is impossible to place in a more striking light than by these several comparisons, the injurious effects produced by the constant inhalation of a foul and heated atmosphere. Any one of these results might have been possibly attributed to a coincidence, but taken together they cannot fail to produce a strong conviction of the fearful waste of health and life



which is constantly taking place among our laboring poor, especially among the class employed within doors. When we reflect that the employment of the compositor is by no means the worst specimen of an in-door occupation, that the tailor's workshops enjoy, by general consent, a bad pre-eminence over these, and all other occupations; when we add to the exposure, during the entire day, to the foul atmosphere of our workshops, a night spent in a dwelling scarcely more wholesome, we can form some idea of the fearful amount of sickness and premature death among our laboring class; and it will not excite surprise, that as careful an estimate as I could form from the most accurate data in existence, places the unnecessary deaths from pulmonary consumption alone, among the poorer classes, at five thousand a year, exclusive of the immense sacrifice constantly going on in the foul shops of the metropolis and of our larger towns. For the particulars of this comparison I must refer the reader to the last quarterly journal of the Statistical Society, and to former numbers of the same journal for other information on the influence of employments and habits of life upon health.

My object in this communication is to trace the broader outlines of this subject, satisfied with having directed attention to some of the most important considerations connected with this department of the public health.

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#### ENDOCARDITIS, COMPLICATED WITH VALVULAR DISEASE.

A Clinical Lecture by Prof. Dunglison, at the Philadelphia Hospital.

THE patient, a male, entered the hospital with high fever and a jerking pulse, which is apt to exist in inflammation of the endocardium. The peculiar expression of countenance, so often observed in cardiac affections, and so marked in the case last presented to the class, is absent in this instance. He has not suffered recently from rheumatism.

It may be repeated here, that patients who have labored under acute rheumatism are peculiarly liable to various diseases of the heart. The complication of rheumatism with endocarditis, indeed, so often exists, that some have affirmed it to be present in every case of rheumatism. Although such is not the fact, it occurs so frequently that our attention in acute rheumatism should always be directed to the condition of the heart. Should it be involved, it will be indicated by a *bruit de soufflet*, or "bellows sound," which may be produced by simple hyperæmia of the lining membrane—the endocardium—but much more frequently, the Professor thinks, by a narrowing of the cardiac orifices, the consequence of an effusion of plastic lymph. The rasp, file and saw sounds are mere varieties of the bellows sound, and acknowledge a similar mechanism. The functional expressions of endocarditis are usually marked, but the diagnosis is at times very obscure, unless recourse be had to the physical signs, and even then we may have occasionally to doubt.

The Professor here introduced a diagram on the black board to exhibit the situation of the several valves of the heart, the better to elucidate

the physical signs indicative of their morbid conditions. He also made a few observations on the sounds of the heart in health. When the ear is placed over the præcordium, two distinct sounds are audible. The *first* is a slow prolonged sound—the second a sharp, short sound, not unlike the lapping of a dog or the clacking of a valve. The former is very compound in character, and its mode of production has been the subject of much disputation. It is now, however, generally admitted, that it is a combination of the sound produced by the rush of blood through the heart's cavities, the tension of the auriculo-ventricular valves, and the muscular contraction of the organ. Almost all agree, that the second sound results from the sudden fall of the semilunar valves, as their edges are caught by the reflux blood. The professor is disposed to believe, from observations on the living heart in action, as well as from morbid results, that the semilunar valves participate also in the production of the normal first sound.

Succeeding the second sound there is a short period of repose, and then a renewal of the sounds. If the whole time occupied by the sounds and pause be divided into four periods, two of them will be occupied by the first, one by the second sound, and the remaining one by the repose.

As the function of the valves is that of preventing the reflux of the blood, after it has abandoned a cavity, it can readily be comprehended, that certain morbid sounds may be produced by an insufficiency on the part of these valves, permitting the regurgitation of blood through the orifices. The site and time at which these morbid sounds are audible differ, of course, according to the valves involved.

If the insufficiency exists in the mitral valves, the sound will be perceptible over the mammary region, increasing in intensity towards the apex of the heart, and during the contraction or systole of the organ. Sometimes a double or see-saw sound is produced, if vegetations or other morbid deposits exist on the valves. The first sound of the heart will consequently be disturbed in diseases implicating the mitral valves—but it can be readily seen, that if the auriculo-ventricular opening be narrowed, an abnormous sound in the same region may also accompany the second sound.

Should the semilunar valves of the aorta be involved, the sound of regurgitation will be most distinct over the third rib—the region of the valves—and follow the course of the great vessels; and it will be synchronous with the diastole of the heart. In this case, therefore, the second sound will be deranged—still it will be here again evident, that if the calibre of the arteries be diminished, there may be an abnormous sound over the same region accompanying the first sound.

By attending, therefore, to the situation in which the abnormous sounds are most distinct, and the time of their occurrence, it may be surmised what valves are in fault. This nicety, however, of diagnosis, does not affect the treatment. In the case under consideration, from the blowing accompanying the first sound, and from its being most marked near the nipple or apex of the heart, we infer that the mitral valves are implicated.

The causes of valvular disease are various, but the professor thinks that, in the majority of cases, they are owing to chronic endocarditis. It is very common to find, in old persons, the valves and lining membrane of the aorta coated with plates of ossific or atheromatous matter, which give rise during life to various morbid sounds.

The treatment of active endocarditis consists in the employment of active antiphlogistic means. When, however, the endocarditis has become chronic, or has left only its results, activity may be out of the question. Attention should, then, be directed to the diet, and to other hygienic measures, as moderate exercise, fresh air, &c. Violent muscular efforts, and mental or moral emotions, should be avoided; but there is no objection to the proper exercise of the intellectual faculties—as, unlike the emotions, this can have no effect on the diseased organ. The patient whose case is now being considered, was directed to be placed on the use of the hydrocyanic acid in doses of one drop, with ten drops of the tincture of digitalis, every morning—and strict attention was ordered to the diet, and general health. When old valvular disease alone exists, medicinal agents can be of little use, and reliance is to be placed solely in the recuperative powers—and on proper hygienic measures to prevent any corporeal or mental excitement.—*Medical Examiner*.

#### MEDICAL MATTERS IN LONDON.

By Dr. L. M. Lawson, of Lexington, Ky.

THE stethoscope, it is almost needless to say, is of almost universal use in London; it is the constant companion of the physician, in hospitals and in private practice. The great value of physical diagnosis is doubted by no one, though of course not relied on to the exclusion of rational symptoms. The stethoscope is commonly preferred to the ear, and the finger is employed as a pleximeter. I cannot ascertain that *cerebral* auscultation, as pointed out by Dr. Fisher, has received any particular attention here. Prolonged expiration as a sign of phthisis, so much relied on by some, is not held in high estimation by many here; and the opinion was expressed by Dr. Walshe that it is of less importance than many have supposed, and in the right lung is entirely valueless. It must be admitted, however, that there is strong testimony in favor of this sign.

In the treatment of phthisis of course there is nothing new, so far as relates to a *cure*. Dr. Hastings still insists that naphtha is an undoubted specific in this disease, but his opinions are universally repudiated by the profession. Dr. Walshe informed me that he had known the physical signs of tubercle disappear during the employment of cod-liver oil, but an absolute and permanent cure was not anticipated. This agent is somewhat extensively employed in phthisis here, but is used empirically, no one knowing its mode of action.

A practical point of great importance, in relation to disease of the mitral valve, seems not to be well settled among the physicians here. It



is commonly believed that a murmur heard near the apex of the heart, corresponding with the first sound, and diminishing in intensity when the stethoscope is placed over the sigmoid valves, denotes regurgitation through the mitral valve. But there are some very accurate auscultators here, among whom may be mentioned Dr. Addison and Dr. Barlow, who hold different views. According to the views adverted to, a murmur may be heard at the point indicated without any imperfection of the mitral valve: and it is supposed that these murmurs are especially frequent in chlorotic females. Now the important question is, how are these murmurs produced, if they exist independent of regurgitation? Some suppose that an inequality exists between the cavities of the heart, which somehow destroys the regular sequence of action and produces an abnormal sound. By others it is explained upon the supposition, that when the right side of the heart becomes distended, the organ is pressed to the left and more extensively and forcibly in contact with the thoracic parietes, and thus a roughness may be produced on the pericardium, and a sound simulating regurgitation is heard. In a large number of patients, in the wards appropriated to diseases of the heart at Guy's Hospital, I distinctly heard a loud murmur with the first sound, apparently such as indicates mitral disease, but which was referred by the attending physician to friction sound. In one case of considerable interest I examined the patient repeatedly, and found a persistent murmur at the apex of the heart, which certainly conveyed a very strong impression of mitral disease; and in the same case a very distinct sound was audible over the aortic sigmoids, leaving no doubt as to their disease. The case terminated fatally, and upon *post-mortem* inspection the aortic valves were found to admit of regurgitation, but the mitral was apparently true. The mitral valve in this case was slightly thickened, but it was declared by a very accurate pathological anatomist to be a true valve. The facts of the case, however, when carefully analyzed, did not seem to warrant the conclusion that a murmur had existed without regurgitation. In the first place, there was a little thickening of the edges of the valve, and in the next place the left ventricle was very considerably dilated. Now, it is no easy matter to determine that regurgitation, under such circumstances, had not existed, because the state of the valve during distension of the ventricle could not be very accurately appreciated, when the heart was empty; and hence it seems a fair conclusion that nothing short of inflating the heart could have determined that there was *not* regurgitation. Simple inspection of the valve is not sufficient in these cases. The conclusion, therefore, seems admissible that, although we may admit the *possibility* of murmurs being produced by displacement of the heart, it is not quite certain that even in these cases regurgitation does not take place; at all events it is premature to assume that the murmur is of friction sound, without the precaution of inflating has been observed.

The use of the microscope in the investigations of minute healthy and morbid anatomy, is being cultivated here with great zeal and energy. The great perfection of the instrument now employed, and the patient and unbiassed class of observers, entitle their labors to the highest degree

of confidence. The discoveries made by this instrument have completely revolutionized general anatomy, and have conferred the greatest benefits on pathological anatomy; still, the field for investigation is of vast extent, and is peculiarly inviting to the patient and careful observer. But as there is no department in which fallacious results are more likely to ensue, so there is none in which so much precaution should be adopted. The results of Mr. Kiernan's investigations into the structure of the liver, of Mr. Bowman's into the kidneys, and Mr. Goodsir's into the lacteals, are so many monuments to exhibit the value of the microscope when in the hands of patient and competent observers. Most of the preparations of Mr. Bowman, which are figured in the work of Todd and Bowman, I have examined, and the faithfulness of the delineations is beyond all question. In morbid anatomy, too, great benefits have been derived, and still greater may be anticipated from the use of the microscope. The instruments mostly relied on here are those manufactured by Ross, Powell & Sealand, and Smith. Ross's high powers are peculiarly valuable.

Few institutions in London will present more interest to the American physician than the London Fever Hospital; and this interest arises not only from its own intrinsic merits, but also from the valuable reports of Drs. Tweedie and Smith. The number of patients treated during last year was 792, and the number of deaths 97, or 1 in 8.6. Of these there were 77 scarlet fever, and all the remainder are called continued fever. From this statement it will be seen that intermittent and remittent fevers are almost wholly unknown in London; indeed, one of the assistant physicians of the hospital declared that he had never seen a case of either of these forms of fever.

In this Hospital, as in London generally, no distinction is made between *typhoid* and *typhus* fevers, that is, they are regarded as mere varieties of the same form of disease. It is readily admitted, however, that the symptoms, duration, and pathological changes, are dissimilar in the two forms of fever; affections of the bowels existing in one during life, and disease being found in the same part after death; but the intestinal lesion is regarded as an accidental complication, like pneumonitis or gastritis, and by no means constituting a dissimilar form of disease. Dr. Watson is of opinion that intestinal lesions are now less frequently met with than at former periods.

The treatment of fevers at the Fever Hospital, and I may say in London generally, is perhaps more remarkable for the absence of *mercury* and *bleeding*, than for any other features. It never becomes an object to produce ptyalism to cure fever, except when local inflammation supervenes, and then mercurial preparations are used sparingly and cautiously. As an evidence of the infrequency of depletion, I may mention the remarkable fact, that out of the 792 cases treated during the last year, *general blood-letting was not employed in a single instance*, and local bleeding was seldom resorted to. But instead of depletion, stimulants are freely employed; during the last year 14,000 ounces of wine, and 760 ounces of brandy, besides gin and porter, were administered.

I may remark, incidentally, that Dr. Elliotson gave me an opportunity

of witnessing some of his mesmeric operations. Certain apparent effects of somnambulism were very readily induced, and phreno-magnetism, to a limited extent, was also exhibited. One patient was an epileptic girl, who was alleged to have been permanently cured by mesmerism alone; another was a case of cancer of the breast, being mesmerized with the view of an operation without pain; she was said to have improved very much under the magnetizing; the pain, swelling and attachment to adjacent parts had sensibly diminished.

Dr. Elliotson does not contend for clairvoyance as a common occurrence; indeed, he has never seen but one case to which he is disposed to give that name. Whatever opinion may be formed of Dr. Elliotson's cases, I have no hesitation in believing that he is strictly conscientious in his opinions; indeed, this can scarcely be doubted when we call to mind the sacrifices he has made on account of mesmerism. And I cannot refrain from remarking here, that it is a lamentable sight to witness the waste of great abilities, those which would place him in the highest ranks of the profession, in the investigation of a subject which will forever disappoint his expectations; for without contending for its entire fallacy, it seems to me quite evident that little good will grow out of its application to disease. If certain anomalous effects can be produced, among which sleep and rigidity of muscle may be enumerated, it is certainly not *prima facie* evidence that it is a valuable therapeutical agent, and there is yet no incontrovertible evidence practically. Dr. Forbes has just published, in the Medical Gazette, a very severe criticism on this subject, which will be read with interest.—*Western Lancet*.

#### LUNATIC ASYLUM IN SOUTH CAROLINA.

THIS State was among the first to make provision for the insane poor. So early as Dec. 1821, an appropriation for an asylum was made by the Legislature. In 1822, a site for the buildings was selected at Columbia, and in 1827 they were completed for the reception of patients. Thirty-four acres of land are attached to the Asylum. The institution is governed by a Board of Regents elected by the Legislature every six years. The State reserved the right to send pauper patients to the Asylum at \$100 a year, but this sum has been found, after long experience, to be insufficient, a fact deserving the attention of those who are attempting to reduce the price at other asylums below even this sum.

Dr. Daniel H. Trezevant, a gentleman of ability and experience, is the physician to the institution, and has been, we believe, since the year 1835. But he does not devote his whole time to the institution, and on this subject frankly states, "I have often felt, and still do feel, that it is not in my power (without neglecting my other business) to devote as much time to their cases as their situation requires."

He also alludes to the propriety of a change being made so as to vest the offices of physician and superintendent in one person, but the Committee of Regents do not approve of this arrangement.



We know not the whole number of patients that have been admitted into this Asylum, but Dr. Trezevant states in his last report that "Since the year 1835, the time of my appointment as physician, there have been received into the Asylum 233 patients; and of this number 120 have been discharged cured; 14 have been removed by their friends; and 68 have died." Present number of patients, 72.

In relation to insane colored persons, the Report states, "Your Committee have to deplore that no provision is made for the insane blacks among us; that the arrangements of the building and the means of the Board will not allow it. How far this is compatible with the principles of our enlightened philanthropy, they will not decide. According to the census in 1840, there were at that time 137 insane blacks in South Carolina. From reasons, to which it is not necessary here to allude, the white and colored subjects cannot be associated, and any provision for the latter class will necessarily involve the erection of another building."

Dr. Trezevant alluded in his Report to a subject we do not recollect having seen treated of by others, viz., the propriety of compelling the insane to labor. His views are as follows:

"The great object, in the cure of insanity, is to arrest the attention, and fix the mind upon some subject unconnected with the insane idea; and while doing this, the general health should be strictly watched. When the different viscera resume their healthy functions, the brain will, in most cases, return to its normal state. But how is the attention to be fixed, and the mind employed? By pleasing conversation, exercise, and steady and sustained employment. It is now the custom, in the northern institutions, to keep the patients employed at some trade, or on the farms, and by giving them full exercise, and something to occupy the mind, they are compelled to think, and their feelings and their thoughts are diverted from the sources of misery and distraction which had shattered their intellectual powers. But what course is to be adopted with those who will neither work nor engage in amusements?

"The question is, not whether their labor is to be made profitable to the institution, but whether it is to be of advantage to them; whether the employment of the physical man will benefit the intellectual; and that being the case, I have no hesitation in saying that they should be forced. Who can object to coercion for their own benefit? Is it more than the discipline used for the sick, and the exertions children are compelled to make for their advantage? Who denies the propriety of compelling a child to learn? of requiring him to pass hours at a dull task, so long as it exercises his mind and adds to his information? Why do we make him move about, but to give vigor to his bodily frame, tension to his nervous system, and healthy action to his lungs, and by their influence on the blood, to develop, to their fullest extent, his cerebral organs? Does any parent hesitate to make a child memorize his lessons, or exercise his limbs when disposed to be indolent? And why should there be an objection to the same course with a man—one whom accident has deprived of his judgment, and who stands before us in the relation of a child? Why should we not compel him to use bodily exertion, and

by so doing force his faculties into action, whether he will or not? And why should we not adopt means that will arouse a new train of ideas (even though it may be through the influence of anger), and banish the insane illusion? This can be effected with advantage to both mental and bodily health; and should we be deterred from doing it from any feeling of false delicacy or sickly sentiment? Or ought any means to be considered improper that would effect so desirable a change? Many of our patients could not be induced to work, and heretofore they have been permitted to lounge about until imbecility crept over them, and finally crushed the little intellect they had. Which is preferable, to compel them to work, or see them gradually sink into a state of helpless, hopeless imbecility?

"I should say that any means, capable of arresting this termination, and saving one being from such a state of brutish stolidity, should not only be adopted, but considered as a blessing conferred on the afflicted. Can means be devised to compel them to exertion, without using harsh or violent coercion? I think there can. We have differed in our opinions heretofore on the subject; but I still believe that it might and ought to be attempted. We need not to be tied down to one kind, but various modes of a similar character might be tried, that would compel them to action, and by action rouse the capillary circulation, bring the skin into a healthy state, and free the internal organs from the load which oppressed them into inaction. Who has not felt the languor and oppression and morbid irritability that assails them from a continued state of inactivity, and how rapidly it has been dispelled by exercise in the open air? With what a glow and general exhilaration he returns, after his whole system has felt its invigorating influence? I have brought this subject again before you, and urge most strenuously that you will see to the furnishing of proper recreation to the patients, and supply them with proper work; and that you will not permit your feelings to get the better of your judgment, and prevent the establishment of such means as will furnish involuntary and compulsive labor to those who would otherwise be idle, and that it be continued until the beneficial effects render it no longer necessary."

We regret that Dr. T. has not particularized some of the means to which he would resort "*to compel* patients to labor without using harsh or violent coercion." We cannot think of any that would not be improper. We should so consider diminishing their usual supply of food, secluding or deceiving them, &c., though these means might not be deemed harsh or violent.

In concluding his excellent report, Dr. Trezevant thus alludes to a subject that causes much difficulty in most lunatic asylums:—"Much dissatisfaction exists in the community at any refusal to permit them to visit their friends, while under medical treatment. I have tried the experiment, and have so uniformly found it injurious, that while there is a chance of their restoration, I never allow access. It often irritates, seldom soothes, but mostly leads their thoughts to home, where the source of the trouble is usually centred, and makes, of quiet, well-disposed and

orderly patients, restless, unhappy and violent maniacs. Another objection to their receiving the visits of their friends, is the incorrect opinion they sometimes go away with as to the treatment of the patients. Few reflect on the great change the moral feelings and perceptions undergo in the insane. Knowing that their friends were persons of undoubted veracity before their indisposition, they imagine they must remain so still; not reflecting that the patient, though telling what he believes to be the truth, is suffering under delusion of perceptions, and though reasoning correctly, yet he either hears, or sees, or smells wrong, and hence tells a tale not entitled to belief. This occurs in every asylum. It often makes the friends unhappy; they promise to have the evil redressed, the patient expects a change, becomes restless under the supposed grievance. But the change never comes, for it can only be effected by his becoming better, and then he neither feels the presence, nor is even aware of the former existence of his complaint. I have often had complaints made to me of the savage conduct of a keeper on one day, and perhaps have the highest encomium passed upon him at my next visit. In both cases the patient spoke what he believed to be the truth; the difference was in his feelings at the moment. I allude to this at the present time, because I have had much trouble both with patients and friends, and some, from being refused, have gone away in anger, and threatened to remove their wards from the institution. A physician is frequently placed in a very unpleasant situation. He knows that at every hazard the welfare of his patient is to be first considered, and his feelings are often severely tried by the importunity of friends."—*Amer. Journal of Insanity*.

## ANEMIA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease is intimately connected with retention or suppression of the menstrual discharge. In a great proportion of cases the defective menstruation precedes, instead of following, the development of the anemia. It usually occurs at the age of puberty, and is rarely seen in females more advanced in life, except as a consequence of great loss of blood; and is unknown amongst men, except when arising from the cause just named, from wasting disease or starvation. Patients generally who are afflicted with anemia, complain of much suffering when pressure is made along the sides of the vertebral column, which exhibits that morbid condition denominated *spinal irritation*.

The medicinal treatment of anemia is very simple, and very certain in its results, but the disease is liable to relapse. In many cases the circumstances producing it, whether they consist in the constitution of the patient or in the mode of living, cannot be removed. The general experience of physicians has established the superiority of steel over every other remedy. It may be given in different forms. Dr. Taylor, physician to the Hospital in London University College, places the greatest confidence in the use of the sesquioxide of iron in doses of two



drachms three times a-day, in twice its weight of treacle, which in general prevents the steel from constipating the bowels. He states, in a clinical lecture published in the *Lancet*, that he has seen a vast number of cases treated in this way, and with uniform success. Patients are to be allowed a full and generous diet at the same time. Another preparation of iron, of great efficacy, is the muriated tincture, although it cannot be relied on with so much confidence as the sesquioxide. The iodide of iron has also been resorted to in the above disease with favorable results, although its claims to the confidence of the practitioner are not yet fully established. It has been administered in three grain doses three times a-day, and increased to four or five grains. This quantity, however, is large, and should not, we think, be given except in some extraordinary cases.

S. D.

## HARE-LIP IN THE NEGRO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reply to the inquiry concerning hare-lip in the Negro, I can say that I have practised extensively among the black population in this county, and have seldom seen in them congenital deformities of any kind, not so often by far as among the whites, which I attribute to the better general health of the black mother, the result of plain, substantial diet and regular exercise. There is one case of hare-lip in a negro boy now living within two miles of my residence; and I lately saw, at a camp meeting, a mother of mixed blood, with several children, three or four in number, I think, each, including the mother, having very bad hare-lip. I do not recollect that I have ever seen any other cases among the colored population.

W. A. GILLESPIE.

*Louisa Co., Va., Oct. 1st, 1845.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 15, 1845.

*Management in Sick Rooms.*—There is need for some plain instructions in the every-day business of managing a sick room. A nurse, a bed, and crockery enough to half fill a Staffordshire packing crate, are not all that is required. It is quite curious to observe the modes of making the sick comfortable, in different families. In one point they generally all agree, viz., in endeavoring to make the patient, at the onset of disease, so very comfortable, that he is perfectly uncomfortable. Closing the doors and windows, excluding both air and light, are but the commencement of a series of operations which all more or less practise in the beginning of any undefined indisposition, which is generally charged to a bad cold. Next, there follows a heterogeneous series of herb teas, all of which are

sovereign remedies, without any reference to the pathological condition of the patient. In some circles it is not uncommon to have ailing members thoroughly drenched with glauber salts, by way of prelude to a tremendous steam bath. When the entire circle of certain excellent domestic medicines have been brought to bear upon the case, but ineffectually, domestic consultation decides that a physician must be called.

Practitioners have a vast many difficulties to contend against, in prescribing, under such a combination of circumstances as are here delineated. Had they been permitted to indicate the treatment at first, long suffering, in a multitude of instances, might have been prevented; the cause of the disturbance removed, and a protracted illness, perhaps, wholly obviated. Besides, it is not improbable that the time spent in fussing over the sick in the commencement of inflammatory diseases of the vital organs, for example, with hot slops, brick sweats, and vinegar bathings of the temples, &c., by those who are ignorant of the first principles of medication, has resulted in the loss of life in innumerable cases.

Considerations like these, have induced us to call the attention of our readers to the intrinsic value of a publication, but imperfectly noticed in the last week's Journal—called "*The Domestic Management of the Sick Room.*" Were it extensively circulated, the good that it would effect in society would be great. One important lesson would be taught by it, viz., that those who are ignorant of the anatomical structure of the body, the functions of concealed organs and the physiological laws by which they are governed, should never tamper with the sick. If physicians proceed with extreme caution in the administration of medicines, even with simples, and the homœopathists, still more in fear of injuring the delicate machinery of organic life, hardly give doses that are appreciable to the senses, how much more carefully should those proceed in the sick room, who make no pretensions to a knowledge of diseases. With these views, it is not strange that we are solicitous for a free distribution of Dr. Todd's admirable work. When the profession give the weight of their influence towards an effort to enlighten the people in this particular department of domestic economy, their own path will be travelled with greater ease and more satisfaction to themselves.

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*Vacant Medical Professorship.*—In the last No. of the Journal there is a proposition addressed to the whole profession, which offers a prize worth seeking. A vacancy exists in the medical department of the Transylvania University, caused by the lamented death of one of the faculty. In order to fill it, the Trustees invite medical gentlemen who are ambitious in that way, and who of course possess the proper requisites, to offer themselves as candidates. A few years since, a void was made in the same College, which was filled, very much to the satisfaction of the community, by the election of Dr. Bartlett, who is now in Europe. The Trustees said, in effect, to the profession of the United States—We are in want of an able teacher, but being strangers to you, we invite those who would like the situation, to send on their names, accompanied by proper evidences of their ability to conduct the department with honor to themselves and the advancing reputation of the University. Out of the number, they selected Dr. Bartlett. Under precisely similar circumstances, they again announce their wants, and solicit immediate attention to the call.

We have been in Lexington, Ky., the location of the school—and can assure those who have any desire to offer themselves, that the one who receives the appointment will find himself established in a charming agricultural region of country, where the climate, the society, and the field for enterprise, are of an inviting character. Those who are unsuccessful have nothing to apprehend by way of chagrin, as their names will never be divulged.

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*Boston Lunatic Asylum.*—Dr. Stedman's report to the City Council shows that the institution under his care is in good condition, accomplishing as much as the warmest friends of humanity could expect. His patients, unfortunately for him, are such as nobody in private practice desires. With such subjects, Dr. Stedman pursues that excellent course which has raised his own reputation, while it has gained for the hospital a good name. All the success which characterized former years, has marked the past one—and the prospects for the future are altogether flattering. Since the hospital was first opened, 320 patients have been admitted; 200 discharged; 32 admitted the present year; residents the past year, 140—of whom 82 were males and 58 females. It is our intention to refer to this document again.

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*Fluid Extract of Valerian.*—Messrs. Smith & Perry, druggists of reputation, at 325 Washington street, have prepared an elegant and convenient article, under the name of fluid extract of valerian, which should at once engage the attention of practitioners. Mr. Hayes, the chemist, whose opinion always has weight in this community, says—"I regard the mode of preparation as one of great importance, practically in accordance with the present state of practical pharmacy, and admirably fitted not only to obtain the virtues of the plant, but to preserve from ulterior decomposition the principles on which the medicinal effect of the plant depends."

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*Insanity in Georgia.*—The editor of the Journal of Insanity has received a printed report from Dr. Cooper, Physician of the only Asylum for the Insane in the State of Georgia, located in Milledgeville. It is represented as a singular document, and from the extracts given in the Journal above named, it might well be doubted whether the resident physician or one of his patients was its author. This is to be regretted, as the lunatic asylums of the United States have enjoyed the reputation of being under the superintendence of men of good general acquirements as well as possessing the peculiar qualifications necessary for their office, and it is presumed there is no lack of such men in the State of Georgia. One short extract from the report will be given, intended, probably, to show the pecuniary benefit to the State which would flow from a proper provision for the insane poor.

"In a pecuniary and politico economical point of view, it will be to our financial interests, the Archimedean lever to oscillate the incubus beam of deranged, and depressed fiscal oppression which has shed its blighting effects upon the monetary affairs, and financial operations of the State Treasury for so many years, by lightening, the onerous



burthens of Taxation from the shoulders of the poor and destitute, and afford bread to those who are ready to perish; these are not anagogical suppositions and without veritous foundation, or demonstrable illustration, but susceptible of proof by the introduction of a few prolegominous deductions, and the aid of a few arithmetical prolepses."

We see it stated in the Western Lancet that a monthly periodical, to be called the "Georgia Journal of Insanity, Idiocy and Epilepsy," is to be commenced in November, by Dr. Cooper, of the Georgia Lunatic Asylum, whom we presume to be the author of the above-named report. If published, it is to be hoped the editor will at least amend his style of writing, as a constant repetition of sentences like the above would soon make the institution the laughing stock of the country.

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*Health of Geneva in Switzerland.*—Dr. F. H. Hamilton, in his interesting Notes of an European Tour published in the Buffalo Medical Journal, thus speaks of Geneva as a place for invalids.

"With regard to Geneva as a residence for invalids, I will make a simple statement of facts, since upon this point some difference of opinion seems to exist, and because Geneva has frequently been selected as the most suitable place on the Continent for the education of American Protestant youth. At Geneva tables of death have been regularly kept since 1660! and M. le docteur d'Espine in his report for the year 1842 declares the mortality for that year in the Canton, including a population of 60,000, of whom about one half belong to the city, to be 1 in 47½, which is precisely the mortality of your own city [Rochester, N. Y.] during the same year, and nearly the same with Boston. The average of deaths from *pulmonary* affections (upon which point the dispute has chiefly arisen) during the year 1842, was 25.8 per cent., while the average in your city in the same year was 30.85 per cent., and in Boston nearly 33 per cent. I have chosen the year 1842 simply because I possessed the means of instituting a comparison between these three towns on this year. The reports for five years in the Canton show about the same average. The rate of life here presented, I should also add is nearly double that of Amsterdam in Holland (1 in 24), and of Rome in Italy (1 in 25), while at Brussels it is 1 in 26, at Naples 1 in 28, Paris and Lyons 1 in 32, Leghorn 1 in 35, Palermo and Nice 1 in 37, and even at Glasgow, so much celebrated for its high range of life, 1 in 44. In short it is higher than in any European town of its size with which I am acquainted."

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*Boston Dispensary.*—By the published Abstract of the Reports of the Visiting Physicians of the Dispensary, it appears that the whole number of cases treated during the year ending October 1, was 2282—of which 1540 are reported as recovered, 71 died, 360 relieved, 166 removed, 65 not relieved, and 78 remaining. Of the whole number of patients, 100 only are classed as Bostonians, and 388 others as Americans; while 671 were Hibernico-American, and 911 Irish. Eighty-four births are reported from all the wards. The following officers were chosen on the 11th inst.

*Managers*—G. F. Thayer (Chairman), Samuel May, N. L. Frothingham, Pliny Cutler, James H. Foster, U. Crocker, Ebenezer Chadwick, N. H. Emmons, Samuel Bradlee, J. H. Wolcott, Jonathan Chapman, and Win.

Gray (Secretary); George T. Bigelow, Treasurer.—*Consulting Physicians*—Drs. S. D. Townsend and Jacob Bigelow.—*Visiting Physicians*—Dr. F. E. Oliver, Wards 1 and 3; Dr. Alfred A. Lane, Ward 2; Dr. George Hayward, Jr., Wards 4, 5, 6; Dr. S. Cabot, Jr., Ward 7; Dr. John S. Carter, Ward 8; Dr. LeBaron Russell, Ward 9; Dr. Samuel Kneeland, Jr., Ward 10; Dr. J. M. Phipps, Ward 11; Dr. P. M. Crane, East Boston.

*Heberden's Commentaries.*—The October No. of Dr. Bell's Select Medical Library comprises the celebrated work of Dr. Heberden, entitled "Commentaries on the History and Cure of Diseases." It makes a volume of more than two hundred octavo pages. Jordan & Wiley are the agents in Boston.

*Works of Hippocrates and Galen.*—We are gratified to find, that the learned and venerable Dr. J. R. Coxe, of Philadelphia, has prepared an epitome of the works of Hippocrates and Galen, which he proposes "to put to press if 500 subscribers of the thousands of medical men of the Union can be obtained. It is almost impossible to state precisely the extent of the work, derived as it is from seven or eight folios; but it is believed that it can be so condensed as to be embraced in *three*, perhaps in *two*, octavo volumes, according to the type, of from 500 to 600 pages each, at a price not exceeding \$3 a volume."

"I need not say," Dr. Coxe continues in his circular, "that it has been a work of considerable labor, yet assuredly one of infinite interest and gratification to myself; and it is chiefly from such considerations that I am induced to hope, that if printed, it will afford an equal gratification to my medical contemporaries, and present to them, although epitomized, an adequate idea of those venerable writings, which have reached us after a lapse of more than two thousand years."

Every medical man, we presume, would desire to possess, in his library, the works of those venerable and venerated fathers of our art.—*Med. Exam.*

*Vermont Asylum for the Insane at Brattleboro'.*—By the Ninth Annual Report, which is just published, the institution appears to be in a prosperous condition. The buildings have been enlarged this season by the increase of about 80 additional rooms, affording greater accommodations and improving the means of classification. Three hundred and sixty-two patients have enjoyed its advantages the past year, 99 have been discharged, and 263 now remain. Of those discharged, 59 have recovered. The terms are fixed at two dollars per week for the first six months, and one dollar and fifty cents per week afterwards. Patients from the other States are received on the same terms as those from Vermont.—*Asylum Journal.*

*Sleeplessness during Fever.*—The most important medicinal property of tobacco is the application of the moistened leaves to the bare scalp in severe cases of fever attended by pervigilium and delirium. If it succeed in inducing sleep under these circumstances, it will be an invaluable remedy, for we know of no more deplorable condition, or one more fraught with danger, being the forerunner of collapse and death. We have been told of a curious and efficacious use of tobacco in America; the

fact was not stated by a professional person, though by one of undoubted veracity. A leaf of tobacco is often applied over the radial artery, or the pulse at the wrist. It seldom fails to produce free vomiting. Its powerful effects when applied to the whole surface of the scalp may be easily conceived.—*Quarterly Medical Journal, Delhi, India.*

*Medical Miscellany.*—Bilious fever and ague are carrying off many people in the lowlands of Tennessee.—Ergot is represented to be greatly on the increase in England—having extended to 18 different kinds of grass, in some places, says Dr. Latham.—A Dr. Temple shot a young man recently, at Delta, Miss., who had ill-treated his daughter.—The Shelbyville, Ky., paper states there is more sickness in Bedford Co. than when the cholera prevailed. The prevalent malady is bilious congestive fever.—In Indiana, the fever and ague is uncommonly and in fact alarmingly prevalent.—There was a class of 87 students in the medical school of Dartmouth College—out of which number, rising of 20 will be admitted to the degree of M.D.—Dr. Dixon's treatise on Diseases of the Sexual Organs is selling with unprecedented rapidity, we understand. The author will soon have another work in press, of an interesting character.—A copy of Elements of Materia Medica and Therapeutics, in two volumes, by John P. Harrison, M.D., of Cincinnati, was received too late for an extended notice the present week.—At the Lunatic Asylum, Blackwell's Island, New York, there are 386 patients, 247 of whom are foreigners. The accommodations are represented to be deficient.—A coroner's inquest was held in New York, on the body of a Miss Decker, who died in consequence of taking oil of tansy, given to produce abortion.—The widow Mercea Cardenas recently died at Havana, at the age of 100 years.—Mobile enjoys excellent health at this time, but people who have business there are advised not to visit the city till the frost sets in.—A young woman, by the name of Ashley, was killed recently in Alabama, by taking morphine, which was mistaken for quinine.—The 13th session of the Scientific Congress of France, held at Rheims, was attended by more than 600 savans of different nations.—Dr. J. M. Brewster, of Pittsfield, Mass., is the Liberty candidate for Lieutenant Governor of the State.—Another Thomsonian periodical, to take the place of a defunct journal, has made its appearance in Boston.—Dr. Bowditch has resigned the office of Assistant Physician to the Massachusetts General Hospital, and Dr. Samuel Parkman appointed to the place.—Dr. Parkman, we understand, has resigned his professorship in the Castleton, Vt., Medical College.

TO CORRESPONDENTS.—The first of a series of reports of fractures treated at the Massachusetts General Hospital, will appear next week.

MARRIED.—Myron Wallace, M.D., of Schenectady, N. Y., to Miss E. P. Sumner, of Hartford, Conn.—At Pensacola, Dr. A. Poitevin, late of France, to Miss M. Palmer.

Number of deaths in Boston, for the week ending Oct. 11, 36.—Males, 19; Females, 17. Stillborn, 3. Of consumption, 4—marasmus, 2—smallpox, 1—accidental, 1—dropsy on the brain, 3—typhus fever, 3—cholera infantum, 2—bilious fever, 1—croup, 2—sudden, 2—hooping cough, 3—lung fever, 1—asthma, 1—disease of the bowels, 2—scarlet fever, 3—diabetes, 1—inflammation of the bowels, 1—jaundice, 1—erysipelas, 1—fits, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 2.



*Hospitals and Asylums in Paris.*—The city of Paris has now 14 hospitals and 11 asylums. The hospitals may be divided either into those which are for general diseases, acute or chronic, or into those which are for special diseases. The first are seven in number, and contain 3047 beds: the Hotel Dieu, 900 beds; the Pitié, 600; the Charité, 426; St. Antoine, 278; Necker, 329; Cochin, 114; Beaulon, 400. Six hospitals are for special diseases, and they contain 2458 beds: St. Louis (for diseases of the skin), 800 beds; Hopital du Midi (for syphilitic diseases in men), 300; Lourcin (for syphilitic diseases in women), 300; Enfants Malades, 590; Accouchements, 420; Clinique, 138. To these must be added the Maison Royale de Santé, for sick persons who pay, with 175 beds. The number of the beds in those fourteen hospitals amounts thus to 5680. The eleven asylums (hospices) are divided either into hospices, strictly speaking, or into retraites (retiring places for old persons), or finally into foundations. The first are Bicêtre (for old men), with 3000 beds; Salpêtrière (for old women), 5000; Incurables Hommes (for men incurably diseased), 500; Incurables Femmes (for women incurably diseased), 560; Enfants Trouvés et Orphelins (Foundling and Orphan Hospital), 502. The retiring places are—Les Manges, with 702 beds; la Rochefoucauld, 213; and St. Péline, 182. The foundations are:—Hospices Boucard, with 12 beds; Brezin, 300; Villars, 30. The beds of these hospices amount thus to 11,001; the city of Paris provides, therefore, for the relief of its sick and old pauper population, 16,681 beds. Not less than 100,000 patients and poor inhabitants of Paris enter every year these establishments, and amongst them 8000 or 9000 die there annually. The Hotel Dieu receives annually about 16,000 patients; the Pitié, 12,000; the Charité, 7000; St. Louis, 9000, &c. The Foundling Hospital receives annually 6000 or 7000 children. The medical department consists of 88 physicians, 38 surgeons, and not less 2700 nurses.—*London Lancet.*

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*Antidote to the Poison of Prussic Acid.*—The following, from an English paper, though not coming with the weight of authority which would give confidence to the statements, may offer suggestions which will lead to beneficial results.

A surgeon who was tormented by a strange dog prowling about his surgery, ordered a boy to give it a dose of prussic acid, and throw it into the river. A dose sufficient to send to sleep all the dogs in the township was accordingly administered, and produced, as was believed, instant death. The dead dog was flung into the river, never more to be heard of, as was believed. Next morning, however, to the consternation of young Esculapius, it came toddling into the surgery with the greatest *sans froid*. Further experiments accounted for its re-appearance; it was found that immersion in water proved an antidote to the poison. A much more deeply interesting illustration of this fact occurred on Monday morning last. Dr. Grimes, of Blackburn, was performing an operation with prussic acid on a boy's eye, in his surgery. Accidentally a portion entered the boy's mouth, and in an instant he fell insensate, apparently lifeless. His poor mother was in consternation. The doctor carried him immediately to the pump, and discharged a copious flow of water on his person, and, after about four hours unremitting exertion, the boy revived, and is now doing well.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 12.

FRACTURES IN THE MASSACHUSETTS GENERAL HOSPITAL.

*A Report of some Cases of Fractures treated, during the past Summer, in the Mass. Gen. Hospital, by S. D. TOWNSEND, one of the Surgeons.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The past season having been unusually fruitful in fractures, some of which were of a very severe nature, it is thought that an account of some of those which were brought to the Massachusetts General Hospital, together with their treatment and results, might be read with interest by some of your subscribers.

Of all the different accidents to which men are subject, there is none perhaps more common than fractures, none in which the skill of the surgeon is more manifest, or more conducive to the comfort of the patient; none, likewise, which give more anxiety to the young and inexperienced practitioner, particularly when the case presents some anomalies and the advice of other medical friends is not to be obtained. A detailed report of actual cases, with the particular methods of treatment adopted in each, is much more useful to refer to, and much more likely to relieve this natural anxiety, than those general accounts and directions which alone are to be expected from surgical works.

Some of the following cases will show that costly and complicated apparatus is by no means necessary to a successful result in even very severe fractures, and is now not always used where most readily obtained; they will also show that care and attention will preserve very bad limbs, such as, a few years since, would have been consigned, without a moment's hesitation, to that last resort of the surgeon, the knife. In no branch of the profession has greater and more beneficial improvement been made of late, than in what is so happily described as "Conservative Surgery."

This report is prepared from the records kept by Dr. George H. Gay, the late attentive House Surgeon of the Hospital.

CASE I.—June 9. B. C., æt. 40. Patient, who is a very stout man, and whose countenance indicates that he lives freely, was standing behind a waggon not very heavily laden, when the horse commenced backing; one of the hind wheels struck him, knocked him down, and passed over his leg. Reports that his foot and leg swung backwards, that the bone protruded through the skin, and that he lost much blood.

On examination, find right leg considerably swollen about the middle,

with a wound at its inner third communicating with the bone; the tibia broken obliquely, with its upper fragment prominent and overlapping the lower. The fracture in the fibula cannot be felt on account of the swelling. The protruding bone had been reduced previous to his entering the house.

The leg was placed for the first night in a fracture-box, the wound being covered with lint soaked in blood, over which sticking plaster was applied.

10th.—Patient rested well; leg more swollen, but not very painful or tender. R. *Magnesiæ sulph.*, ʒ vi. Extension was this day applied by the following apparatus, contrived by Dr. James Hutchinson, and thus described in Dorsey's Surgery (Vol. I., p. 181). "Two splints of wood are made long enough to extend from the knee to six or eight inches below the sole of the foot; a mortise hole is cut near the lower end of both these splints, and the upper end of each is perforated with four small holes. A piece of wood fitted to the mortise holes of the splints, eight inches long, is to be provided. In applying this simple apparatus, the patient is to be laid on his back, and extension and counter-extension made as usual by assistants; a pillow is placed under the leg, over which is arranged a many-tailed bandage; two pieces of tape are next to be secured by numerous turns of a roller on each side of the leg below the knee; these tapes are to be passed through the four holes in the upper end of the splint and tied; a silk handkerchief is next to be passed round the ankle, crossed on top of the foot and tied under the sole. The fracture being reduced, the bandage is applied to the leg, and the silk handkerchief tied over the cross piece connecting the two splints; by which any necessary degree of extension may be permanently applied."

12th.—Swelling abating. Reports no uneasiness from apparatus, and that he is quite comfortable.

14th.—Some twitching in leg preventing sleep during night. No discharge having taken place as yet from wound, the plaster has not been removed. Complains this morning of pain in right chest. Apply a sinapism to chest. R. Elixir of opium, gtt. xxx. at night, if pain continues.

16th.—Rather restless this morning; some redness about lower part of wound, with some tenderness and pain. Chest easy.

17th.—Last night had cold chills, with headache and some nausea. This morning reports great headache, with pain in back and limbs. Erysipelatous redness with heat and tenderness for two or three inches around fracture. No dejection yesterday. Pulse 100. Skin hot and dry. R. *Hydrarg. submur.*, grs. iv.; *pulv. antimonial.*, grs. vi. M. Ft. chart. 2. Take one now and repeat at 4, P. M.

18th.—This morning erysipelas about the same. Some discharge yesterday for the first time from wound. Was rather restless through the day; slept tolerably well at night after taking *pulv. ipecac. et opii*, gr. x. Cathartic has not operated. R. *Inf. sennæ c.*, ʒ ij.

19th.—Headache continues. No nausea. Leg looks badly; very free and offensive discharge from wound; in centre of redness, the cuticle



is broken, with a slight serous discharge. Tenderness and heat great. Appetite moderate. Pulse 86, but soft. Tongue somewhat coated. R. Hydrarg. submur., gr. j.; pulv. antimonialis, grs. iij. M. Now and at night. Remove bandage from leg; cover the limb with burnt flour flour, over which apply cotton batting.

20th.—Still complains of great headache and soreness of body generally. Leg looks about the same, though was much more easy after application of yesterday. Pulse 90. Skin hot, covered with perspiration. But little appetite. Tongue cleaner. R. Liquid. acet. ammoniæ, ʒ ss. every three hours.

21st.—Feels better to-day; less headache; appetite, tongue and pulse better. No dejection. Very free discharge in night from wound, also from an opening in centre of redness where cuticle was removed; a probe introduced here touches denuded bone for some distance. Omit medicine of yesterday. R. Magnesiae sulph., ʒ vi.

22d.—Very free discharge from wound; redness and soreness diminishing.

From this time patient remained improving very slowly, while the process of exfoliation was going on, till Aug. 13th, when a small piece of bone was removed, and also on the next day.

Aug. 15th.—Another attack of erysipelas supervened, which was treated in the same way as the first, except that Velpeau's application of solution of sulphate of iron was tried for two days; it was then changed, at the request of the patient, who was much more comfortable, when the limb was wrapped in batting, covered with burnt flour, its temperature being then more equable.

After this attack, the leg gained rapidly, so that the wound was healed on the 25th. On the 30th, patient walked easily with crutches, and on the 4th of September was discharged *well*.

The rapid improvement after the second attack of erysipelas seemed to be owing to two causes. 1st. The removal of the dead bone, which allowed the external wound to close and the fractured part to acquire firmness. 2nd. The local stimulus of the disease, which often produces wonderful effects, particularly in promoting union in bones, and in cicatrizing old ulcers, which perhaps have for months resisted the care and skill of the surgeon.

CASE. II.—June 13. J. W., æt. 25. Patient, who was standing on a staging, painting, accidentally stepped on the end of a board, which tipped and precipitated him twenty feet on to some bricks.

On examination, find right leg very much swollen and tense; no discoloration or bruise of the integuments. At about middle of limb is an oblique fracture of the tibia, with the upper edge of the lower fragment somewhat prominent; about two inches below this, a fracture of the fibula; no shortening or displacement; no very great pain or tenderness.

Place limb in a fracture-box. Keep limb constantly covered with compresses soaked in diluted alcohol.

14th.—Had a very comfortable night; this morning leg more swollen, and somewhat painful about seat of fracture. No dejection. R. Inf. sennæ c., ʒ iij.

15th.—Two dejections from medicine. Leg still swollen, but not painful.

17th.—Integuments of leg yellow this morning, but much softer and cedematous.

18th.—Lower fragment of bone continues rather prominent. No pain or tenderness except at this point. Remove fracture-box and apply along calf of leg a splint with a foot-piece attached.

22d.—Swelling remains the same; great pitting of limb on pressure. Apply a many-tailed bandage from foot to knee.

25th.—Thinks leg feels much stronger since bandage. Swelling diminishing.

From this time the limb gradually improved in strength, without any unfavorable symptoms, till the 4th of August, when patient was discharged quite *well*, having no shortening of leg and being able to walk with ease.

CASE III.—July 17th. E. K., æt. 12. Patient fell through a floor in a house into a cellar, about 20 feet.

On examination, find an oblique fracture of the right femur. Leg somewhat swollen and painful; shortened two inches. Apply extension. This was done by the apparatus commonly used in this Hospital, viz., Dessault's splint improved by Flagg, a description of which may be found in this Journal (Vol. IX. p. 46), and also on page 496 of the American edition of Sir Astley Cooper's work on Dislocations and Fractures, published by the Massachusetts Medical Society. Extended experience has proved this instrument to be not only most effectual for the purpose designed, but also most comfortable for the patient and convenient for the surgeon.

20th.—Considerable swelling along front of thigh and about knee. (The usual attendant of the application of the short splints, caused by the circulation being impeded.) Complains of some pain in knee. Limb of same length with the other, and in good position.

21st.—Swelling of limb extended to upper part of leg. Has but little pain. Bandage limb from ankle up to the short splints.

25th.—Knee much smaller; swelling of leg about the same. Remove splints, and apply to the whole limb a starch bandage.

This was left on till the 29th, when the swelling had so far subsided, that it became loose, and was consequently removed and reapplied.

Aug. 16th.—Walks about ward very well with a crutch. Suffers no pain on bearing weight on limb. Remove starch bandage.

17th.—Union strong. Some pain from bending knee. No shortening of fractured limb.

20th.—Walks with ease. Discharged well.

[To be continued.]

#### PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following communication was read before the Montgomery Co. Medical Society, at the annual meeting in June, 1843. Should

you think it possessed of sufficient interest—the whole or any part of it—for publication, you are at liberty to use it for that purpose.

Hallsville, N. Y., Oct. 11, 1845.

U. POTTER, M.D.

GENTLEMEN OF THE SOCIETY,—In discharging the duty imposed by the laws of your Society upon the President, in the delivery of an annual address, I shall be very brief, believing your time of greater value than listening to anything *lengthy* which I might offer. I am now, and always have been, of the opinion, that on occasions like the present, more profit would accrue from taking up a specific subject, discussing the same, and illustrating it with cases, than from a range over the whole field of medical literature; where he having the skill may gather flowers, and exhibit his powers of elocution or display, but will little benefit the practitioner, whose professional duties call him to deal with loathsome and painful disease, or cheer him while combating the open and insidious advances of the implacable foe with whom he is to contend. Without further exordium I proceed to call your attention, for a very brief space of time, to the subject of Puerperal Convulsions.

I have chosen this disease as the subject of these remarks, not so much from a desire to discuss or review the opinions which *have been* or may *now be* entertained in regard to its pathology or treatment, as from an ardent wish to spread before you a case, which to me presented points of awful interest. I say awful, because I made a mistake of an important nature in the very outset—a mistake, however, from which I hope in a measure to be exonerated, when the true details (which I promise shall be faithfully given) are laid before you. I believe, gentlemen, that would every medical practitioner come up in yearly meeting with his brethren, and honestly point out the mistakes of the year, and chart out the shoals or breakers on which he has come near being wrecked, he would perform a more useful and praiseworthy task than the usual one of boasting of his success and embellishing his practice.

CASE.—I. S., a married lady, aged 21, advanced  $7\frac{1}{2}$  months in her second pregnancy. I was called to see her at 9 o'clock, A. M., Aug. 2nd. I found her vomiting acid matters, with severe headache. She informed me that she had been troubled during the whole summer with what she called "sick headache" every two or three weeks, with vomiting, after which she would be well until the next periodic attack, which account was confirmed by her mother with whom she resided. The attacks had all previously passed off without medical treatment, but the present continuing longer than usual, medical aid had been solicited.

The patient appeared rather fleshy than otherwise, but no appearance of plethora; no flushing or redness of face, but pale; eyes neither red nor suffused; pulse rather *slow* than otherwise, but soft and free; pain of the head mostly in the region of the frontal sinuses; bowels open; no uneasiness of back or womb; little if any more than natural heat of head, but some coolness of feet and legs; no ringing in the ears or flashing of light before the eyes. Such were the symptoms, and they too, premonitory of an aggravated attack of puerperal convulsions, for



which I prescribed the following milk-and-water treatment—a treatment, in my opinion, appropriate for sympathetic headache, but as bad as useless, to say the least, for warding off an attack of the disease under consideration. I ordered her solution of sup. carb. soda, with small doses of rhei; cool applications to the head; warm foot bath, followed by sinapisms to the feet, ankles and stomach; and left her, apprehending no bad result, thinking I had prescribed for a case of sick headache, and not even dreaming of threatened convulsions.

At eleven, A. M., same day, I was called in haste, the messenger saying she “had fits,” and I found her with the following symptoms. Perfectly insensible; breathing stertorous; pupils rather contracted, but dilating and closing by admission or absence of light; heat of head same as in the morning; pulse slow and laboring; extremities warm, and had had five or six strong convulsions. Could feel no motion of the fœtus through the abdominal parietes nor by vagina, through which an examination was instantly made. Womb feeling hard as though partially contracted on its contents and low down against the vagina, but not the least dilatation of the os tincæ.

*Treatment.*—Venesection a pint bowl full; and no very decided impression being produced, more was suffered to flow from the same orifice into another, till it began to waver—the quantity probably some more than one half a common teacupful. No amendment followed; breathing same as at first, and strong, nay frightful convulsions every fifteen or twenty minutes. Cold continued to the head, and sinapisms to the extremities.

Three o’clock, P. M.—Pulse recovered about the same as before the first bleeding. The bandage was removed and blood suffered to flow from the same orifice into the second bowl (which had been left standing), till nearly filled, when the pulse became nearly imperceptible; slight syncope followed, and almost instantly another fit of the convulsions. Examination now found the womb crowded lower upon the vagina, with the head pressed upon its parietes. Os tincæ almost out of reach of the finger, with not the slightest disposition to dilate, and no motion of the fœtus.

Five, P. M.—The pulse remaining weak, and no amendment in any of the symptoms, I began strongly to fear fatal apoplectic effusion within the cranium, and decided that no further *depletion* at least would be useful or admissible, and that nothing more could be done than to wait patiently, should life be prolonged until the os uteri should so far dilate as to enable me to turn and deliver. Examinations were now made per vaginam every half hour. No change till half past two in the morning, when it was thought a slight and very slight change was occurring in the os tincæ. And now comes what seems to me a very interesting feature of the case; for at the end of the next half hour, viz., three o’clock, the os uteri was found not only dilated but the liquor amnii evacuated, and the head actually in the vagina, and in less than fifteen minutes she was delivered of a stillborn infant, followed rapidly by the placental mass and not a gill of blood. She seemed now sensible of some slight after-pains,

manifesting it by a scowl of the face and an occasional groan. These pains continued but a short time, however, when they seemed to cease, the breathing became free and without stertor, and she lay quiet until five o'clock, when she was seized with a convulsion more frightful and of longer duration than any former one, producing apprehensions of immediate dissolution. The spasm, however, passed gradually off, and she rested (still entirely insensible) till seven, when she had another (and the last) convulsion.

Left her at eight, A. M., directing powerful rubefacients from the feet to the knees, and continued cold to the head. Visited her again at six, P. M. Found the pulse rising and more heat of the head; insensibility still complete, with some tympanitis of the bowels. Opened the right temporal artery and drew about six ounces of blood, when the pulse fell again. Got down with difficulty ten grains of calomel and half an ounce of castor oil. Ordered a continuation of cold to the head, and sinapisms to feet and legs as strong as the skin would bear, and left for the night.

August 4, morning.—Oil and calomel had operated freely; head not as hot as last evening; pulse rising again; still insensible, but able to swallow medicines and soups when put into the mouth. Opened the left temporal artery, during which she partially turned in bed, ejaculated "oh dear" (the first word uttered since the attack), and carried the hand to the head. Remaining treatment same as before. Afternoon visited again. Could be roused to answer questions, though incoherently; pulse still down as left by the last opening of the temporal artery; bowels open and slightly tympanitic.

5th.—Little lochial discharge; labia pudendi and vagina hot and somewhat tender; skin moist; tongue tolerably clean; bowels had moved twice during the preceding night. Objected to the use of the catheter (which had been employed twice daily since the attack), and said she would void the urine herself, but was unable, and the catheter was passed. Ordered continuation of cold to the head, fomentations to the abdomen, and solution of cr. tart. in mucilage as drink.

6th.—Fully sensible; head cool and pulse quiet; had voided urine without assistance during the night; labia and vagina moist, and heat gone; milk secreted freely, but the bowels running so as to drive her up at least every half hour. R. morphine, gr. 1-8; ipecac., gr. j.; sod. carb., gr. x. Mix. To be taken every fourth hour.

7th.—Symptoms all favorable; bowels quieted. To stop the powders, and take only sub-acid and mucilaginous drinks. No daily notes were taken from this time, as the case progressed rapidly and regularly to recovery.

*Remarks.*—I have thus, gentlemen, given minutely (indeed tiresomely so) the details of this case as I promised in the commencement; and if there be nothing interesting in the *treatment* or progress of the *attack*, yet I feel morally certain, that if premonitory symptoms like those detailed may be followed by an aggravated attack of puerperal convulsions, *some* at least of my professional brethren may be benefited by

having the case spread before them, and thus better enabled to shun the rock on which I split. I doubt not many of you have prescribed, in pregnant females, for what is vulgarly called sick headache, with symptoms precisely similar to those described in my case, and seen them pass off without ever *apprehending* an attack of eclampsia. Most writers on this disease, if I mistake not, describe the premonitory symptoms as follows, viz.—Disposition to fulness or plethora, evinced in flushing of the face, redness of the eye, flashes of light, giddiness, partial loss of sight, *continued headache*, with habitual costiveness; none of which were present with my patient before the coming on of actual convulsions.

Burns, in describing sympathetic headache from indigestion, uses these words:—“All headaches, however” (referring to that which usually precedes convulsions) “do not forebode these dismal events, for they often proceed from the stomach, and evidently depend on costiveness, dyspepsia, or nervous irritation. These are generally *periodical*, accompanied with a pale visage; they feel more external than the former, and are often confined to one side of the head. They are attended with acidity in the stomach, eructations, and sometimes with considerable giddiness, or slight sickness, with bitter taste in the mouth. They are relieved by the regular exhibition of laxatives, sleep, the moderate use of volatiles, and the application of ether externally.”

Thus we see a complete enumeration of the symptoms of my case, viz., periodical headache, pale visage, acid vomitings, &c., for which Burns would have prescribed volatiles, both internally and externally, followed by dangerous convulsions; and although I made a mistake which might have proved fatal to my patient, I learned a lesson, which while I practise medicine will not be forgotten.

#### REVIEW OF A LETTER ON HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Journal of Oct. 8th, is a letter from an old physician on Homœopathy—giving his reasons for not believing in it—which is a good-natured, candid article, and a fair specimen of *anti-homœopathy*, and perhaps is a fair and conclusive argument in the minds of those who are ignorant of the real principles of the homœopathic school. The author acknowledges he has read very little on the subject, which is evident from the fact that in the first paragraph he exposes, as he imagines, three fundamental errors of homœopathy, not one of which is believed by the homœopathic school, or ever has been. He says, “when this system was first announced, with the strange assumption that most diseases proceed from the *itch*,” &c. I know of no one who believes that the Psora of Hahnemann is what is meant by the *itch*. It is true that he makes a majority of chronic diseases to arise from psora, but not more so than Lugol does from scrofula, or the British writers from tubercular disease, and they are nearly or quite identical. Again, “that all diseases were cured by medicines capable of producing the *same* disease in the



healthy body,"—a doctrine which it will be difficult to find in any homœopathic writer—and "that a millionth part of a grain of any ordinary medicine, divided and subdivided by some *hocus pocus* agitation, would produce a greater effect on the constitution than a full dose of the same." "He was struck with these absurdities," &c.; and who would not be? and this is the reason that the subject is dismissed as "the baseless fabric of a vision."

Now it is strange that any man, old or young, should make up his mind to receive or reject any doctrine of which he knows so little. It is not held that a fraction of a grain of medicine will produce more effect on the constitution than a whole grain—but there is a difference between an effect upon the *constitution*, and an effect upon the *disease*. Here is a point which our friend in his 85th year has probably never found time to consider, and it is a point where the two schools differ. The homœopaths hold that medicines may be so prepared that a small dose is more effectual in counteracting diseased action, than a large dose which does affect the *constitution* too sensibly *instead* of the disease. Examples are familiar to all, where a remedy becomes more efficient by minute division—mercury, for example. I am perfectly satisfied that one reason why such men as W. consider the subject all quackery, is because they found their conclusions upon assumed premises, such as have never been held to. It seems to be a great stumbling block to our professional brethren that disease should be eradicated without any other sensible effect upon the sound organs, and to do so must be quackery; but it seems to me, if this can be done, it is the more scientific, and the less the constitution is affected, provided the disease is eradicated, the better; and if medicine can be so attenuated as that the poison of the disease and the poison of the remedy shall by exact rubs be brought in contact and neutralize each other, and the *constitution* perceive nothing but a cessation of the symptoms, where is the harm, or "quackery, or transcendentalism, or Germanism?" Is not this the manner in which we wish to get the effect of opium in severe pain, and of other remedies also?

Homœopathy is accused of assuming the position of a science. Now the ordinary practice is admitted to be very imperfect, and susceptible of great improvement, and that to cure disease by it is very unpleasant both as to the taste and effect of the medicine on the constitution. But if medicine can be so used as to avoid this in a great degree, is it not scientific? But it is looked upon and believed because the power of steam and electro-magnetism, which were at first held as humbugs, have not blown to the winds—and for the very same reason that they are alike founded on a substantial basis—and not on such positions as are assumed by W. He says, "It is imaginary nervous and chronic complaints, which afford the most promising field for homœopathy." Begging his pardon, it is the reverse exactly, according to the testimony of all who know anything of the subject. Still the system of diet is allowed to be *excellent*, as well as the plan of simplifying remedies. Now the diet is no better than the rest of the practice—it is in exact accordance with the therapeutic means. W. says he is "told a few weeks are allotted for

any sensible effect." This may be necessary for a cure in some cases, it is true, as in other practice ; but there are cases where the effect of the medicine is as speedy as in any other method. I have repeatedly relieved severe and excruciating neuralgia of the face, assuming a form similar to mercurial salivation, in five to ten minutes, with homœopathic doses of mercury—which had resisted sul. morphine in 1-6 grain doses repeated to ultimate narcosis. I have relieved cystitis with infinitesimal doses of cantharides, more speedily than with any other remedy ; have arrested cough of three weeks standing in twelve hours, with 3 attenuation of *arsenic* where it was indicated. Cholera morbus is often speedily arrested by veratrine, and colic by colocynth, &c. ; but the case must be appropriate and the condition of the system such as to indicate the remedy. As to imagination, I prefer that the patient should have no knowledge of or confidence in homœopathy—even children and in an insensible state. From those patients who are full of faith, confidence and imagination, I can truly say, "good Lord deliver us." He goes on to speak of experience as fallacious ; if as much so as he contends, truly we are in a dilemma, and had better look for a surer method. That homœopathy is the more critical and exact practice of the two, is claimed ; but the idea that it is a mathematical exactness is not true, nor will it be, so long as we operate on the laws of vitality instead of mere physical principles.

The truth is, W. has entirely mistaken the fundamental principles of homœopathy as well as the practice, and this is the reason generally of so much prejudice. We hope W. may be permitted to watch the progress of the "new light," to see whether it is an "*ignis fatuus*" ; but it is hoped he will be able to distinguish between the doctrine and facts in homœopathy, and the visions and mysticisms which have been thrown around it.

Yours respectfully,

D. HOLT.

#### CONTAGION OF PUERPERAL FEVER.

[THE following remarks on a most important subject are from "Lectures on Puerperal Fevers," delivered by William Harris, M.D., of Philadelphia, to a medical class, and recently published by request of the class.]

*Is puerperal fever of a contagious nature?* This is a question of grave import and deep interest to medical science. Upon this subject my own mind is still unsettled ; but the facts, I am free to admit, preponderate on the affirmative side, and afford almost a demonstration that contagion ought to be regarded as one of the causes of this frightful malady.

Nearly all the obstetricians that have attended the lying-in hospitals, extensively, maintain that this fever has contagious powers. Professor Hamilton affirms that the infection is of so concentrated a nature that it may be communicated, like smallpox, through the medium of a third person ; and this opinion is embraced by many of the more modern writers. Dr. Campbell says that, after dissecting a woman that died of

puerperal fever, he went the same evening, without changing his clothes, to deliver a poor woman in the Canongate, who afterwards died of the same disease; in the same clothes he delivered another woman with forceps, who also died, and three others in succession shared the same fate. Dr. James Orr, after dissecting a female that died of the disease at Carron-Mills, for want of accommodation did not wash his hands carefully, and, without changing his clothes, attended two females in their confinement, both of whom were seized with the disease and died. "It is a disagreeable declaration for me to mention," says Dr. Gordon, of Aberdeen, "that I myself was the means of carrying the infection to a great number of women; and I have evident proofs that every person who had been with a patient in the puerperal fever became charged with an atmosphere of contagion, which was communicated to every pregnant woman who happened to come within its sphere." Dr. Gooch, after opening the body of a woman that died of puerperal fever, continued to wear the same clothes, and delivered a lady who was attacked by the same disease and died, and two others in rapid succession shared the same fate. Alarmed at the thought that perhaps he was carrying contagion in his clothes, he instantly exchanged them for others and met with no more cases.

A nurse in the country, says Moore, after washing the clothes of a person that died of puerperal fever, communicated the disease to the next person she nursed, and to a third, both of whom died; and the inhabitants of the place, becoming alarmed, ceased to employ her.

Dr. Blackmore, whose essay I have already quoted, contends that the disease "is contagious in each of its forms, *sthenic* and *putrid*." The epidemic, he says, commenced with the patients of a single accoucheur, and was confined exclusively to his practice for several weeks. He had eighteen cases in rapid succession, eight of which terminated fatally, while not a single case was heard of in the practice of any of the other accoucheurs. He communicated the disease to his first puerperal patient by conveying to her the infection of erysipelas, and afterwards carried the puerperal contagion in his clothes, from patient to patient. "A young sage-femme of La Maternité," observes M. Chailly, "who was not pregnant, died during the prevalence of a disastrous epidemic, presenting all the symptoms and all the anatomical characters of puerperal fever." A cat, upon the authority of Dr. Copeland, died, during the prevalence of an epidemic, in one of the wards of an ill-ventilated lying-in hospital, soon after she had kittens, with all the characteristics of puerperal fever. Dr. Spackman, who attends to a large obstetrical practice in the western part of this city, officiated as accoucheur to three patients, in rapid succession, in May last, all of whom died of puerperal fever; apprehensive that he was carrying contagion in his clothes from one patient to another, he immediately absented himself from the city for a period of three weeks, when he returned to his practice, and has had no case of fever since. Dr. Condie, of our city, a gentleman of great professional attainments, in speaking of the epidemic of 1842, as it occurred in Southwark and neighboring districts, says that "the disease



was exclusively confined to the circle of a single physician, extensively engaged in obstetrical practice, while no instance of the disease has occurred in the patients under the care of any other accoucheur practising in the same district; scarcely a female that has been delivered by this gentleman, for weeks past, has escaped an attack, and nearly every case of the disease terminated fatally." The distinguished accoucheur to whom Dr. Condie alludes in the above remarks, apprehensive that this desolating epidemic was propagated, not by atmospheric influence, but by personal communication, resolved to try the sanatory influence of country air, and accordingly left the city for a week, and, after the appropriate ablutions of his person, he exchanged every article of his old wearing apparel for new; but to his great mortification "the first case of parturition that he attended, after his return, was followed by an attack of the fever and terminated fatally." By this experiment the doctor satisfied himself that the disease was not transmitted by contagion conveyed in his person or clothes, but propagated by a distempered state of the atmosphere. From this conclusion, however, I beg leave to dissent. Either the time that the doctor absented himself from his professional duties was not sufficiently long, or he unintentionally retained some portion of his clothing which was still charged with contagion; because during his absence his patients were attended by other accoucheurs without a single case occurring—and as soon as he returns to the district the fatal malady returns with him. Besides, Dr. William Klapp, residing in the same district, attends patients in the same streets, and often in adjoining houses, officiated as accoucheur to about two hundred cases the same year (1842) without encountering a single case of the disease. The only puerperal patient, indeed, that Dr. Klapp has had, fell into his hands last spring, after she had undergone a *per vaginam* examination by the homœopathic doctor before alluded to, and by him abandoned on account of the fatality that attended his practice. This case terminated fatally in less than twenty-four hours after the attack. Dr. Klapp refused, after the death of this patient, to attend any more obstetric cases for three weeks, when he resumed his practice and has not had a puerperal patient since.

These facts are full of interest, and, in my judgment, would settle the question as to the contagious character of puerperal fever, were it not that many other accoucheurs, and, some in our own city, have dissected the bodies of females that died of the disease, and afterwards, without changing their clothes, have attended lying-in women repeatedly, without propagating the disease.

#### ON THE HYPOTHESIS OF ELECTRIC CURRENTS IN THE NERVES.

By M. Matteucci.

NEVER having been able, in our former experiments, to establish, by aid of the galvanometer, the existence of electric currents in the brain, the spinal cord, or in the nerves of the dog, the rabbit, and the frog, we

wished to make a new trial on an animal of large stature (*the horse*), hoping by this means to place ourselves in the most favorable condition for researches of this kind.

The galvanometer which we employed in these new experiments was constructed by Rumkorff, and was extremely sensible; the conducting wire, making two thousand five hundred convolutions, was furnished at each of its extremities with a *platinum plate*, fixed on an ivory handle, and so varnished as to leave only a square centimetre of its surface exposed. The needle made one oscillation in seventy seconds.

Before applying the two platinum plates to the nervous parts, they were immersed in spring-water for a very long time, and until the signs of the current, which are always observed at the first immersion, had completely disappeared.

These precautions having been taken, and the live horse having been thrown down upon a table, its sciatic nerve was insulated from the neighboring muscles (by means of varnished silk) for a length of thirty or forty centimetres (upwards of one foot), was carefully wiped, and left in communication with the cerebro-spinal axis.

After being well assured that the needle constantly remained at zero, although either one or the other of the platinum plates was removed from the water and alternately reimmersed, the plates were placed in contact, first with the surface of the sciatic, then, after the neurilema had been removed, with different points of this voluminous nerve.

The interval of deviation, namely, the distance comprised between the two plates, being at first 3 or 4 cent., the needle sometimes remained at zero, and at other times deviated several degrees, soon returning to zero. This interval having been suddenly extended to 15 cent., the deviation ought to have been notably increased, in the same direction, if electric currents existed in the nerves. There was nothing; or rather the needle did not deviate to a greater number of degrees than in the preceding case, and its deviation was still only momentary, or else was entirely wanting.

It is important to bear in mind that during the continuance of these experiments, in consequence of the pain which was voluntarily excited in the animal, its posterior train was the seat of energetic and repeated efforts, and that, consequently, the extremities of the galvanometer were put into communication with the sciatic nerve at the very moment when it was transmitting the exciting influence to the muscles of the thigh and leg.

If, by varying our trials, we have occasionally perceived a very sensible deviation of the needle, it is important to notice *that this deviation did not change in direction, although the contacts were inverted*; that, moreover, it so occurred every time that the nerve was touched *simultaneously* with the two plates of the galvanometer. At the moment when these plates were successively plunged into water deviations were also obtained, which did not differ from those that are observed on inserting the extremities of the instrument in the nerve itself.

Bearing in mind the extreme sensibility of our galvanometer, the favor-

able condition of the experiment, and the precautions which we have taken, we think we are authorized in concluding that there does not exist any trace of electric currents in the nerves of living animals appreciable by the instruments we at present possess. In addition we may add, that our previous researches had already conducted us to the same conclusion.—*Electrical Magazine.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 22, 1845.

*Surgery of Fractures.*—A communication on the treatment of fractures is commenced in the Journal to-day, which is worthy of the perusal of gentlemen in surgical practice. Dr. Townsend, one of the Surgeons of the Massachusetts General Hospital, has had a degree of experience that gives great value to whatever he may find it convenient to communicate to the medical public. As an operator, his carefulness, neatness, manual dexterity and success, have long been acknowledged by those who visit that institution for improvement.

*Cowardly Criticism—Homœopathy.*—By the merest accident imaginable, the writer of an abusive anonymous letter to the editor of this Journal, written on account of the publication of a late article by an old physician, on homœopathy, was detected. He is the last man we should have fixed upon to be guilty of such a mean, cowardly act. Notwithstanding his great love of homœopathic practice in medicine, he did not scruple, in his fancied security, to deal us out allopathic doses of insult, which should have been beneath the thoughts of one who ever presumed to be a gentleman. His very uncalled-for, and pointedly insulting note, to which he has affixed the signature of "Not an M.D.," will of course have no influence in making us otherwise than perfectly tolerant in this publication towards all medical practitioners, of personal respectability, who may write for its pages. Although familiar with the author's name and residence, it is not a subject of gratification to us, since it so lessens our estimate of one who must already be exceedingly ashamed of himself.

*Pectoral de Cerise, or Compound Cherry Pectoral.*—Mr. Jas. C. Ayer, of Lowell, a druggist of high respectability, has made a new preparation for popular use, which is considered an excellent remedy for ordinary coughs. Utterly as we are opposed to all secret compounds, under the inviting name of specifics for particular diseases, it comes within our province and gives us pleasure to speak with approbation of those who freely make known recipes of medicines intended for general employment, from whatever source they may emanate. Mr. Ayer informs us that his cough mixture is the following:—R. Morph. Acet., gr. iv.; tr. sang. can., 3 ij.; vin. antim. tart., vin. ipecac., aa 3 ij.; syr. prun. virg., 3 ij. M. The equivalent ultimate principles are here combined in their purity, says Mr.



Ayer, viz., morphine, sanguinerine, tart. ox. antim., emetine., hyd. cyan. acid., saccharum, spts. et aqua. The introduction of the acid is thought, by the proprietor, to constitute the peculiar merit of the medicine. Practitioners, if they choose, can make trial of the prescription in those affections which require active expectorants to subdue a troublesome and increasing cough. If found, on trial, to answer the purpose, and to be superior to ordinary mixtures resorted to in the early stages of lung complaints, there would be no impropriety, and certainly much convenience, in purchasing the article in the elegant form in which it is offered by Mr. Ayer.

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*Calisthenic Academy.*—Dr. Thayer, whose experience in conducting a calisthenic institution is well known in this community, has just commenced a new term at Boylston Hall. It is a great privilege to have access to such a variety of convenient and ingenious mechanical contrivances for developing the muscular system. Parents should avail themselves of the important benefits of this well-managed academy, and allow their children to sport and grow in the full enjoyment of its gymnastic exercises. Once a week is better than nothing; and all the little feebly-organized pale-faced misses, and gaunt, lank, white-faced boys, in the city, should be put under Dr. Thayer's guidance. The academy also holds out one of the surest remedies for shop-worn clerks, indolent students, and those literary appendages of society who only exercise the brain. The muscles were designed to be used—every one of them; and when nature's intentions are fulfilled to the letter, a broad chest, round limbs, an erect stature, good lungs, bright eyes, red cheeks, health and happiness, are pretty sure to follow.

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*Tabular View of Auscultation.*—From the second English edition of Dr. Bellingham's elaborately constructed scheme of the condition of the organs of the thorax, as developed by auscultation, the first American edition has been published, under the editorial supervision of that very accurate observer, Usher Parsons, M.D., of Providence, R. I. For those who are pursuing the class of investigations contemplated by the author, this chart must be of peculiar value, and it is therefore recommended to their special consideration. Copies are on sale, at a very reasonable price, at the Journal office.

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*New York Medical and Surgical Reporter.*—With this title, a new Journal, to be issued every other week, is to be published in New York, under the editorial care of Clarkson T. Collins, M.D., which is recommended to favor by medical gentlemen of that city. It is to consist principally of reports of clinical lectures, &c., at public institutions in New York. There are now three Medical Journals there, which should have all the encouragement the profession can bestow upon them. Without the constant influence of those who really wish for the advancement of the science of medicine and surgery, it is impossible to sustain a periodical exclusively devoted to these great interests.

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*Lying-in Hospitals of Europe.*—James Bryan, M.D., of Philadelphia, formerly professor of Surgery at Castleton, Vt., has presented to the

managers of the Preston Retreat, and to the Obstetrical Committee of the College of Physicians, an admirable historical sketch of the lying-in hospitals of Europe. It is a creditable affair, evincing a taste for research, and a habit of industry that, with a due degree of perseverance, invariably leads to distinction. We shall endeavor again to turn to the pamphlet.

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*Diseases of the Southern States.*—At the close of a recent letter to the editor, by Dr. P. H. Lewis, of Mobile, he incidentally introduced the appended remarks, which it strikes us are of much more value than might at first be apprehended. "If it is a matter of any interest, you will see some notes on our local diseases, in the January and March Nos. of the New Orleans Journal. They are disjointed, but the facts are sifted with much care. You will discover that I have endeavored to point out the difference not between yellow and bilious fever, but to show the absolute absurdity of classing it (yellow) with the phlegmasiæ. *Yellow fever* should have a new name and a new place in our nosological system. I see by the last New Orleans Journal, that Dr. Harrison holds views kindred to those to be drawn from the facts recorded by myself. The subject of our diseases here, is of deep interest to a few of us, and we are just beginning to investigate them in a proper spirit."

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*Portable Baths.*—A letter is lying before us from a gentleman who is desirous of knowing where the portable bathing apparatus, invented some years since by Dr. J. Wright Warren, of this city, may be purchased, &c. Unfortunately for the writer, who is evidently a man of intelligence, and whom we should be delighted to oblige by a speedy answer by mail, his letter, although post-paid, and asking an immediate answer, has neither date nor the address of the town in which it was written. We therefore take this method of informing him that none of these baths are to be had at present. All those which were on sale, were destroyed by fire, and none have been since manufactured.

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*Betel and Tobacco.*—All the ready money in the neighborhood of Oodooville, East Indies, where an American missionary is stationed, is realized from the sale of tobacco and betel leaves. About two millions of tobacco leaves are raised annually—of which fifty, in trade, are called a parcel; they cost not far from nine shillings, sterling, for a thousand leaves. An entire crop is assumed to be somewhere near four hundred and fifty pounds. Betel leaf sells from two to two and a half pence a hundred leaves. Areca nuts are also chewed. A mixture of betel and tobacco is in almost universal use for chewing, in that section of the world. To give the quid, is a mark of friendship and politeness, and, like all favorite stimulants, is thought to be good for everything, physical as well as moral. It is agreeable to the taste and the smell, beautifies the teeth, reddens the lips, sweetens the breath, gives warmth to the cold, and coolness to the warm; brightens the countenance, quenches thirst, soothes hunger, promotes digestion, cures paleness, rheumatism and jaundice. Every man is supposed to use half a farthing's worth of the delightful compound,

daily, or about a shilling's worth a month. It is also usual for ordinary consumers to smoke from once to twelve times a day.

It is stated by the Rev. Mr. Whittlesey, who has charge of a missionary school for females in Oodooville, India, that he has been troubled with the discovery that narcotics, betel and tobacco, are used by the young girls. He wholly forbid them—but what was his surprise, a few days after, on receiving a petition from some of the heathen misses, praying to be allowed to go to a retired place and smoke only “*once a day.*”

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*Puerperal Fever.*—The following is the conclusion of the Lectures on Puerperal Fevers, by Dr. Harris, of Philadelphia, referred to in another part of to-day's Journal.

“The investigation which I have given to this difficult subject, has led me to the following conclusions :

“1st. That puerperal fever is not a specific disease ; that it appears under different forms, and assumes every variety of type, from the lowest congestive to the highest inflammatory ; and that the physician who always assails this Protean malady with stimulants, will be as often disappointed in his expectations as he who is determined to subdue every case by the free use of the lancet.

“2d. That physicians have erred in supposing puerperal fever to exist only in the particular form of disease which they themselves have observed ; and in assuming that the treatment which was most successful in one epidemic must be equally efficient in all. In other words, the great mistake has been in prescribing rather from the name of the disease than its symptoms.

“3d. That there is no medicine, with which the profession is acquainted, that exerts a specific action on any form of puerperal fever.

“4th. That the inflammatory type of the disease is the more mild and medicable, and will yield to early and copious bleeding, aided by other depletory measures.

“5th. That in the adynamic form of the disease, where early collapse precludes all antiphlogistic measures, the only judicious plan of treatment is to support the patient by light nutrition, tonics and stimulants, and trust to the *vis medicatrix naturæ* ; as a critical abscess pointing outwards, or some other critical evacuation, may conduct the case to a favorable issue.

“6th. That pathological anatomy has afforded the profession but little assistance in investigating the character of the disease at a curable period ; but has only exhibited the extent of its ravages when it had attained a height at which it must be fatal to life.

“7th. That close observation of the phenomena which the disease presents during life is of more importance to medical science, than inspecting the changes which are to be found after death.

“Beyond these conclusions I am not prepared to go. There are still some points connected with the character and treatment of puerperal fever, about which my mind is not satisfied, and when I revert to the little success that has attended the efforts of our profession to arrest its ravages, I am willing to acknowledge with Burns, ‘that I find it much easier to say what remedies have failed, than what have done good.’”



*Removal of a Drill-head from the Cavity of a Tooth by means of a Magnet.* By JOHN HARRIS.—Whether I have been more unfortunate than other dentists in having my drills too highly tempered, I cannot say; but, in consequence of this oversight, I have occasionally had them to break, while preparing the cavities in decayed teeth for filling, leaving the burr or head in the cavity; and in some instances, though it appeared quite loose, and upon the slightest touch would move about, its removal was attended with considerable inconvenience and loss of time, and sometimes the loss of more of the sound part of the tooth than would otherwise be necessary or desirable.

In preparing a small cavity in the grinding surface of a bicuspid of the lower jaw, for a lady, after having it nearly ready to fill, having removed the most of the diseased parts, my drill broke, leaving the burr at the bottom of the cavity; the walls of which were sound and very dense, and so close to the burr as not to admit of the passage of any small instrument between it and them, in order to remove it, and yet so loose as to be readily moved in any direction upon its axis. Not feeling desirous of adopting the usual course resorted to in such cases, that of removing enough of the adjacent sound tooth to pass a small instrument between it and the surrounding walls, considerable time was consumed in fruitless efforts to remove it. I accidentally recollected of having seen a small magnet the same morning at a druggist's store but a few doors from my room, which I immediately procured, and with which the burr was instantly removed.

Should the like accident happen with other dentists, I believe much labor, time and inconvenience will be saved by adopting the above plan for its removal.—*American Journal of Dental Science.*

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*St. Louis Hospital.*—We have before us the plan of an hospital which has already been commenced, as directed by our City Council. It is to be erected on an elevated ridge in the southern portion of the city—a situation combining many of the most essential requisites for such an institution. It is to be regretted, however, that the elevation of this site will render it impossible to furnish the hospital with water from the present water works. As an abundant supply of this element is of primary importance in an establishment of this character, we hope that some means may be devised to obviate this difficulty, and that the hospital may not only be provided with a sufficiency of this great desideratum, but also that it may be conducted into every ward and story of the building.

The main body of the hospital will have 206 feet 6 inches front, and 50 feet 6 inches depth; on each extremity of the building, there will be a wing measuring 97 feet 6 inches by 30 feet 6 inches, running back from the main building and forming right angles with it. In the basement there will be the superintendent's room, male and female servants' rooms, male and female refectory, kitchen, pantry, store-room, male and female bathing rooms, washing and ironing rooms, several furnace and fuel rooms, eight cells for male and four for female insane, dissecting rooms, male and female dead rooms.

In all the stories, the rooms of the main building are divided by a longitudinal passage. There is also a gallery around the inner walls of the

hospital. The privies are at the extremity of each wing. On the first floor, above the basement, we remark six male and three female wards, besides a lying-in-room; and also two wards for male and female children, and several nurse's rooms. The physician's office, the pharmacy, the porter, and linen rooms, are also on this floor.

On the second floor there are nine wards for males and four for females, besides a hall for prayer and lectures, and rooms for nurses.—*St. Louis Medical Journal*.

*Graduated Wine Glasses*.—L. S. Reynolds, druggist, of this city, has received an article, new to us, entitled as above, which we think the profession would do well to recommend for families to provide themselves with. It is a wine glass of large size, graduated to administer tea-spoonful and table-spoonful doses of liquid medicines in the exact quantity intended to be expressed by these conventional terms of measure. Owing to variations of capacity in the table and tea spoons in common use, the quantities which these terms denote are very inexact, which, in several points of view, is an evil of not a little consequence. The introduction of these graduated glasses will establish an uniformity and precision in the administration of medicines which are very desirable.—*Buffalo Med. Journal*.

*Medical Miscellany*.—A Mr. Geo. Long, of Quincy, Mass., recently lost his life by skinning an ox that had died. A small scratch on one finger imbibed the fatal poison.—Dr. S. J. W. Tabor, of Massachusetts, and Dr. Thomas C. Shreve, of Ohio, are candidates for State Senators.—Of the several candidates who were examined before the army medical board, lately in session at New York, the following named gentlemen were approved and recommended for appointment in the medical staff of the army, viz., John Frazier Head, M.D., of Massachusetts; Lewis A. Edwards, M.D., of the District of Columbia.—The smallpox exists to considerable extent in Baltimore, and also in many other cities on the Atlantic border.—Dr. Holmes, editor of the *Maine Farmer*; Dr. Lee, editor of the *Genessee, N. Y., Farmer*; Dr. Darlington, West Chester, Pa.; Dr. Houghton, Detroit; and Dr. Mews, Cambridge, Md., have been elected corresponding members of the *Farmer's, Gardener's, and Silk Grower's Convention, New York*.—A patent is said to have been taken out by a gentleman in Troy, N. Y., for converting animal matter into stone.—Dr. McMinn, of Tuscaloosa, Alabama, in the *Western Lancet*; and Dr. John Harris, of Annapolis, Md., in the *Journal of Dental Science*, refer to cases of hare-lip in the negro which have come under their observation. Most of the cases seem to be severe ones.

MARRIED,—Elijah Baldwin, M.D., of Plainfield, Con., to Miss S. H. Mathewson.

DIED,—In De Soto Co., Mi., Dr. Moody Hall, a native of Massachusetts.

Number of deaths in Boston, for the week ending Oct. 18. 35.—Males, 17; Females, 18. Stillborn, 6. Of consumption, 9—old age, 1—disease of the liver, 1—brain disease, 2—croup, 2—infantile, 3—dropsy on the brain, 1—disease of the heart, 2—typhus fever, 2—pleurisy, 1—measles, 1—dysentery, 1—canker, 3—hooping cough, 1—convulsions, 2—accidental, 1—disease of the bowels, 1—drowned, 1. Under 5 years, 13—between 5 and 20 years, 1—between 20 and 60 years, 11—over 60 years, 2.

*Case of Suppuration of the Colon, excited by the Presence of a River Pebble.* Read to the Medical Society of Tennessee, May, 1845. By J. IRWIN, M.D.—Miss A. M., aged 16 years, of plethoric habit, was attacked with severe pain in her right side in February, 1842. When I saw her, I found her with a soft and regular pulse, skin natural, tongue clean, and feet cold. In this attack she was confined to bed for two months; the treatment consisted in cupping, leeching, blistering, and fomentations, with purgatives, and the usual remedies, but all afforded no relief. Nothing gave her any relief except morphia; while the system was kept under its influence she complained of no pain, although there still remained great soreness of the side, and this was so great that when she was able to go about the house, she could not bear her clothes to be fastened on her.

In the winter of 1843, she had a similar attack, which I treated with anodynes alone, and she was soon able to be about again, although she still complained of the tenderness of the side. I proposed a seton, but she objected so much that I declined trying it. During the ensuing fall she suffered severely for five or six days with violent acute pain in the same region as formerly, which was relieved as before by morphia, but the soreness still remained. In the following March she was again attacked with acute pain of a throbbing character; her skin and tongue, however, were natural; her pulse soft and regular; bowels costive. I gave her a dose of aloes, rhubarb and scammony, which operated four times freely, and in one of the discharges there passed from the patient a lump about the size of a nutmeg, which on examination by her mother proved to contain a small irregular pebble, such as is found in rivers and creeks. From this time forward she recovered rapidly, the soreness in her side declined, and she felt nothing of it for six or seven months, when in attempting to learn to weave she strained herself, and was again taken with violent throbbing pain at the same point, which continued for seven or eight days, the side being swollen and very tender on pressure; her stomach became irritable, and in attempting to vomit, she said she felt something break inside, and could feel a fluid run. A few hours after this occurred she had a discharge from the bowels, which consisted chiefly of pure, well-digested pus. The quantity was considerable, and the discharge continued for seven or eight days, when it ceased altogether, and since that time the patient has enjoyed good health and has never complained of her side.

The account given to me by her mother of the introduction of the pebble into her stomach was, that when a child, 7 or 8 years of age, she was in the habit of playing with pebbles from the river, frequently going to sleep with them in her mouth; in this way, it is supposed, one was accidentally swallowed, and lodging in a fold of the colon remained there for seven or eight years, giving rise to the train of symptoms described.—*Western Journal of Medicine and Surgery.*

*The Urine of the Cow as a Remedy.*—In a paper of M. Boussingault, is a fact which, he observes, will surprise chemists and physiologists; it is, that “the urine of herbivorous animals contains bicarbonate of potass, and not, as is generally believed, subcarbonate. With the urea and hippuric acid this urine curiously resembles an alkaline mineral water. It might be employed to dissolve uric acid calculi. I speak more seriously than you will be disposed to believe, when I say that I should have more confidence in the urine of one of my cows than an alkaline solution prepared by many celebrated chemists.”



# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 13.

### DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS GENERAL HOSPITAL.

[Continued from p. 232.]

CASE IV.—July 5th. A. G. D., æt. 37. Patient was riding in the country in an open carriage, which, on turning a corner, struck against a post and upset; the horses at this, took fright and ran down a hill. Patient was found a short distance from where the accident took place, insensible. His wounds were immediately dressed, after which he was brought, some three miles, to the Hospital.

On examination, find a compound and comminuted fracture of lower part of left humerus just above the elbow-joint; a small opening nearly two inches long extending to inner condyle, and another smaller opening in the skin higher up, on the outside of the arm. The parts in the vicinity are considerably bruised and swollen. Also a fracture of lower part of left tibia and fibula, just above the ankle joint, but not involving it; the foot is inverted.

The wound in arm being covered with lint soaked in the blood, bandages and splints were applied to both arm and leg.

6th.—Took last night tr. opii, gtts. lx., with some relief to pain and watchfulness. Apply extension to leg. This was done by an apparatus used in the house for this purpose, made by Dr. Livingston Roe, White Plains, N. Y. It is on the Amesbury principle of the double inclined plane. The thigh is bandaged to the upper portion, and extension is produced by strapping the foot to the foot-piece, which slides up and down in a groove by means of an iron screw.

Leave splints on arm, put it in a slightly flexed position, and place it on a pillow.

Keep arm and leg constantly wet with—Alc. dilut.,  $\mathfrak{z}$  iv.; tr. opii,  $\mathfrak{z}$  j. M. R. Liq. ammon. acet.,  $\mathfrak{z}$  ss.; tr. camph. opiat.,  $\mathfrak{z}$  j. M.

7th.—Suffered but little pain yesterday; slept pretty well. Rather feverish this morning. Pulse 100. R. Sulph. magnes.,  $\mathfrak{z}$  ss.

8th.—Medicine not operating, was followed by an enema in afternoon, since when patient has been more comfortable; less thirst and heat of skin. Pulse 82. Rice for dinner.

12th.—Apply along outside of leg, in addition to present instrument, a long splint with a foot-piece attached, similar to the apparatus employed in club-foot, in order to obviate the tendency of the foot to turn in,

14th.—Swelling of arm and leg nearly all subsided. May have chicken-broth.

17th.—Has suffered since accident from costiveness. R. Pulv. aloë, gr. i.; pulv. rhei, gr. ij.; saponis, gr. iss. M. Ft. pil. every night.

20th.—Scarcely any discharge from wounds. Appetite good.

23th.—Wound on under side of arm quite superficial, and about the size of a fourpence.

Aug. 4th.—Wound on arm cicatrized. Apply a starch bandage to leg.

14th.—Bandage removed; union of bones quite strong. Can bring arm nearly to a straight line; flexion and rotation good.

19th.—Walks with ease. Discharged well.

This patient, by his own report, never drank a glass of anything that will intoxicate in his life, and to his strict temperance he no doubt owes his recovery unmutated, after such serious injuries.

CASE V.—July 8th. E. W., æt. 23. Patient reports that right leg was caught and forced against a stone door step by the tail of a truck, about one hour before admission.

On examination, find a comminuted fracture of lower third of right tibia, in width about three inches, extending obliquely towards inner ankle; in front of leg, a small opening, just large enough to admit a probe, passes down to the bone; some oozing of blood from this wound. Two or three inches above this, is a simple fracture of the fibula. No shortening, and but little distortion of limb.

Cover wound with lint and sticking plaster. The leg was then placed on a pillow, and two pieces of wood, twenty-four inches long, two wide, and extending three inches below the foot, were placed on the outside of the pillow, and the whole tied tightly round with four pieces of tape. Long compresses wet with diluted alcohol were placed along the top of the limb, and frequently changed. This was intended merely as a temporary arrangement, but was found to answer the purpose so well, there being no shortening requiring extension, that it was kept on for a month, and only changed for a starch bandage.

13th.—Some little pain in fracture. Swelling of limb continues. Apply a many-tailed bandage, and again place limb in the pillow and outside splints.

18th.—Patient was attacked last night with rheumatism in the shoulders, to which he has always been subject; he was treated for this in the usual way, till Aug. 6th, by which time he was relieved. No change was made in the treatment of the leg, which continued quite comfortable, the small wound having healed soon after entrance, without any discharge of pus.

Aug. 6th.—On examination of limb find fibula united, and but slight motion in tibia. Apply a starch bandage from foot to knee.

12th.—Walks about ward very well with a crutch.

18th.—Bandage removed yesterday. Bones quite firm. Leg straight, smooth, and of same length with uninjured one. Discharged well.

CASE VI.—July 19th. J. M. S., æt. 25. Patient was riding in a

waggon too heavily laden on one side, when it suddenly turned over, and a butter-firkin struck him on the foot, turning it inwards. Was unable to bear any weight upon it, and experienced great pain, with swelling of ankle in a few moments.

On examination, find scarcely any deformity or displacement about foot or ankle. Tibia perfect. End of fibula fractured through malleolus. Crepitus very distinct. Some tenderness on motion. Place leg on a pillow, and apply frequently compresses wet with diluted alcohol.

20th.—Slept pretty well: this morning ankle much swollen. No dejection. R. Magnes. sulph., ʒvj.

21st.—But little pain; swelling less. Cathartic operated. Omit diluted alcohol. Apply Mur. ammon., ʒj.; aceti., ʒiv.; alc. dilut., ʒviij. M.

26th.—Foot keeps in very good position on pillow; no pain or tenderness.

28th.—Swelling diminishing. Apply leg splint with foot-piece.

August 8th.—Leg straight, of good length, and quite strong. Walks with ease. Discharged well.

CASE VII.—July 20. Mrs. M. McC., æt. 45. Patient slipped and fell down a flight of stairs, striking first on one side and then on the other; was in great pain and unable to move limbs at all, the slightest motion causing intense suffering.

On examination, find great swelling of middle of right thigh, also around the trochanter. Crepitus distinct. Limb shortened about two inches, and foot everted, but can be easily extended and retained in proper position. The swelling of the thigh presents the usual appearance consequent on fracture of the shaft of the bone; the trochanter, however, moves freely with the body of the bone upon rotation, and the fracture, therefore, must be within the trochanter. Left shoulder much swollen. The acromion, coracoid process and scapula sound. On the inner side of the coracoid process is a prominence, on the outside of which is a fulness and tension along deltoid muscle. Motions of arm free but exceedingly painful; whole of humerus seems to move together, but by pressing on the head of the bone and moving lower part of shaft, a distinct crepitus is obtained, as if there was an oblique fracture of the neck. Fore-arm to be at right angle with arm. Apply compresses wet with alc. dilut. to thigh and shoulder.

23d.—Swelling and heat of thigh much less. Complains of pain on pressure over trochanter, or in groin. Shoulder looks better; the prominence about coracoid process somewhat diminished. Apply to thigh the apparatus before described (Dessault's modified). Simple splint for arm to rest on.

29th.—Swelling and soreness of thigh nearly gone; retains its length without much extension. Arm in good position, and not painful.

August 10th.—Removed splint from leg.

15th.—Can bend knee a little; has some pain in groin on motion; can raise arm pretty well.

30th.—Is able to go about with crutches. Can raise the hand to head easily. Discharged well.



CASE VIII.—July 7th. Mrs. H. H.; æt. 23.—Patient, who is a person of intemperate habits, threw herself from the cupola of a two story house on to the pavement, with the intention of committing suicide.

On examination, find an oblique fracture of left femur at upper third, attended with great swelling; also a fracture directly across patella, with a puffy state of the joint, as if from the effusion of blood; also a small cut on the head between the eyes. The foot is turned inwards, and the whole limb is shortened six inches. Apply Dessault's modified splint.

8th.—Slept pretty well last night, and is quite comfortable this morning. Pulse 92. Some appearance of inflammation about patella. Four leeches around patella.

10th.—Comfortable this morning, except knee which is swollen and painful. Apply to knee, compresses wet with diluted alcohol. R. Elix. opii, gtts. xxv. to-night.

13th.—Knee quite painful this morning. Four leeches around patella.

14th.—Knee easier to-day since leeches.

Aug. 1st.—Limb keeps in good position. Suffers no pain in knee.

9th.—Knee was slightly bent to-day, giving much pain. Passive motion daily.

12th.—Good union of femur. Knee continues rather stiff. Remove splint.

13th.—By measurement limbs are of the same length.

18th.—On bending knee this morning some adhesions gave way, producing considerable pain for a time. Apply tr. saponis et opii to knee frequently.

22d.—Motion of knee improving. May use crutches.

Sept. 17th.—Leg improves in strength, and knee in motion, daily.

20th.—Walks about room without crutches.

25th.—Limb of equal length with the other. Discharged well.

CASE IX.—August 17. A. V. T., æt. 17. Patient was on board of a steamboat which was approaching a wharf, and had just thrown out a rope to be fastened to a post, when his leg became entangled in the coil and was drawn up against the side of the boat.

On examination, find left leg swollen and very tense, quite tender where the rope passed, which is indicated by a band of bruised skin, two inches wide, extending from about four inches above internal malleolus, obliquely downwards and across to internal malleolus. The mark of the rope indicates the direction of the fracture. No crepitus can be detected, on account of the swelling. No shortening or displacement. Place leg on a pillow.

18th.—Quite comfortable this morning. Swelling as yesterday. R. Sulph. magnesiae, 3 vi.

19th.—Some discharge from bruise. Dress wound with simple cerate. Apply to limb compresses wet with inur. ammon., 3 i.; aceti, 3 jv.; alc. dilut., 3 viij. M.

24th.—Swelling considerably diminished. Crepitus detected in tibia. Discharge from wound free. Apply a splint to the calf of leg.

30th.—Discharge diminishing; but wound not clean. Poultice to wound.

Sept. 5th.—Wound improved in appearance. Omit poultice. Re-apply cerate.

12th.—Ulceration much contracted. Union of bone tolerably firm.

25th.—Continues to improve daily. Is able to walk about some with crutches.

Patient being desirous to return to New York, was discharged, although the union of bone was not strong enough to enable him to bear any considerable weight on limb.

[To be continued.]

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#### MEMOIR OF THE LATE PLACIDO PORTAL, M.D., OF PALERMO, SICILY.

[MENTION was made, some months since, of the reception of the following biographical sketch, from a foreign correspondent. Through the kindness of Luther Clark, M.D., of this city, we are now enabled to publish a translation of the memoir, from the Italian manuscript.]

I enter upon the task of writing a memoir of Placido Portal, a profound explorer of the secrets of nature, who attained to a great and merited fame in spite of the snares which beset him in the difficult path of science, in spite of the obloquy and calumny with which his enemies strove to thwart his course. Snatched away from his country, from friends, from the science which he professed, by a sudden death, it is meet to render him the praises which are his due. The loftiest fabrics may fall, and others may soon rise upon their ruins to replace them; but not so easily is filled the void made by the loss of one great in intellect and great in heart. It is just and right, therefore, to lament his death, and that to posterity should be transmitted the memory of a life spent wholly for the good of science, of suffering humanity, and of studious youth.

Placido Portal, son of Antonio Portal, Doctor of Medicine and Surgery, and of Maria Sangiorgio, was born at Biancavilla, a delightful village on the side of Mount Etna, in the year 1793. Belonging to a wealthy and genteel family, he, like the other brothers, pursued the study of letters and the sciences. In 1807 he was sent by his father to Catania, and under the direction of Professors Joseph Rizzo, Sebastian Bianchi, and Maravigna, he not only distinguished himself in his studies, but at their instigation he wrote, while still a youth, a thesis upon the compressibility of water, and obtained for it an unanimous vote of favor besides a prize consisting of scientific books. Subsequently he not only perfected himself in the study of chemistry, and of medicine and surgery, but also under the illustrious Cav. Francesco Ferrara, in that of experimental physics and in natural history, to such a degree that he became the assistant and collaborator of his master.

In 1813 he returned to his country, and while searching for plants, discovered near Biancavilla, upon a hill called Calvary, a quantity of specular oxide of iron. In July of the same year appeared the first scientific production of young Portal, in a memoir which revealed in him an able chemist, botanist and mineralogist; and elicited much praise from

the scientific journals, from the learned Sicilians, Scina, Ferrara and others, and finally from Berzelius and other learned foreigners.

In September of the same year he went to Palermo, and remained there till 1816, practising medicine, and obtaining a great reputation by his happy cures and by his successful surgical operations.

The affairs of the continent having become settled, he went to Naples, where he was near to the most celebrated men of the time. The Lieutenant General Fardella, making a just estimate of his merits, procured for him the friendship of Cav. Paul Assalini, of Savaresi, Santoro, and others, who encouraged him in his various labors. Thus he published in 1818 a letter upon the new obstetrical instruments of Cav. Assalini, with an addition of the researches of the same Assalini upon an artificial pupil.

In 1819 he published further works, upon the method of tying arteries in case of hemorrhage, and upon the anatomy of the brain; also a translation from the French of a memoir upon the sickness and death of the Baroness de Staël, and a memoir upon aneurism of the heart, by Antonio Portal, which he illustrated by his own notes; obtaining thereby an honorable letter from that great man, his name-sake, who was then living.

In February, 1820, he went to Pavia, and in that city published a memoir entitled "Reflections upon a singular Petechial Eruption," and receiving the encomiums of the learned men of that place, was chosen a member of their scientific academy. This memoir, enriched with notes and additions, was reprinted by the author, and Counsellor Joseph Frank, of Wilna, sent him by letter the highest eulogiums upon it. After having in like manner visited Bologna, Pisa and Florence, and being entertained several months with Vacca Berlingieri, he proceeded to France, whither Portal invited him. He was at Marseilles with Cardieri, at Montpellier with Delpech, who gave him a copy of his work upon distortions of the feet. At Paris the famous Anthony Portal introduced him to the acquaintance of all the learned in that vast capital, and gave him as a memento a work upon Hydropsy, perhaps the last which was written by that eminent man.

In 1822 he returned to Naples, and by concours obtained the post of third surgeon of the royal army. Soon after the place of third surgeon being vacant in the Hospital of Francisco Saverio, at Palermo, Portal was directed to that establishment.

In 1823 the Austrian troops stationed in Palermo being attacked by lues venerea complicated with herpes, Portal was by order of General Biliamberk, then commanding the Austrian armies in Sicily, charged with the care of those affected, the appointment receiving unanimous approbation and applause. A temporary hospital was established at Spasimo, and thousands of these soldiers were subjected to the curative method of Portal, and from day to day the cured went away from the establishment, blessing the hand that healed them. Nor did Portal stop here; but he extended his care to the convalescents by pointing out to Government the necessity, and proposing for the extirpation of the disease, the warm baths of Termini. The requisite orders being given, he was the first to



betake himself into the ancient Imera, and he there applied with advantage those waters, not only for baths, but also for internal use.

But while the present time was perhaps the happiest of his life by the success of his arduous labors, an unexpected order came from Palermo, commanding his arrest. His innocence, however, being established, and the accusation proved false, he was set at liberty, after a month, in July of the same year, 1823.

Nothing disheartened by his misfortune, in the following year he published an exposition of his labors, with a memoir entitled "Suggestions respecting the Warm Mineral Baths of Termini."

In 1824 he was elected substitute to the chair of Surgery and to that of Anatomy in the University of Palermo. The hospital for the insane being organized in this year, Portal was selected by the chief surgeon to organize the house, then under the direction of the excellent Baron Pisani. By him was there established the new statistical system; by him was made to that good director the proposal of new regulations for the insane; by him were pointed out the methods, the medicines, the machines, the dresses for restraint, and so forth. I have myself been witness how in visiting these unfortunates, until then the victims of the lash and the chain, Portal mingled with them, spoke with them familiarly, settled their disputes, listened to their complaints and demands, and to some even administered food with his own hand.

Towards the end of the same year an ophthalmoblenorrhœa, complicated with other diseases, appeared among the Neapolitan troops. At the suggestion of Professor Quadri, Portal was selected by the Government for Professor at the hospital of Zisa in Palermo. Portal then, without murmur or weariness, divided his time between Signor Francisco Saverio, the hospital of the insane, and Zisa: his unceasing activity, his methods and his operations, which were eminently successful for the patients, obtained for him distinguished praise from the Government, he being appointed to the only military ophthalmic hospital. The memoir which he published upon the observations then made, and upon his methods of cure, received the highest encomiums from not a few schools, from Baron Villards, Chief Surgeon to the Ophthalmic Dispensary in Paris, in the *Journal des Connaissances Medicales Pratiques et de Pharmacologie* (Vol. III., 1825, 1826), from the editor of the *Boston Medical and Surgical Journal* (Vol. XV., No. 5), and from others.

In 1837, Portal, in cutting into a perineal abscess in the person of Signor Francisco Syracusa, of Palermo, came upon a stone of very large size; and he gave in a memoir the history of this case, displaying so much skill as to elicit the commendations of his most learned cotemporaries.

It would occupy too much space were I to enumerate all the memoirs relating to medicine, surgery, zoology, mineralogy, chemistry, and other subjects, which Portal gave to the world. But his surgical clinics and his medico-chirurgical memoirs, collected into a large volume at the instigation of Petrunti, are sufficient to make him justly regarded by the learned as one of the most eminent physicians of Sicily.

When his Royal Highness the Count of Syracusa took the govern-

ment of Sicily as the King's lieutenant, Portal was appointed his private physician. There being formed of the ancient balbardiers a foot company of body-guards, Portal was elected physician to those of Sicily. He was moreover not only chief surgeon of the civil hospital of Palermo, but also of many other benevolent institutions founded in that city. Ever ready to assist the poor patients in those establishments, he with kindness and a bright countenance encouraged the unhappy victims of disease, and with a benignant hand mitigated their sufferings, improving both the methods and instruments in order to facilitate and render less painful the surgical operations. All his ingenuity, all his knowledge, everything he expended for the benefit of mankind. I have myself seen him comparing his own observations with those of other eminent men, and sparing no cost in preparing them for the public eye.

Receiving from foreign countries great numbers of books and instruments, he promptly introduced them to the notice of the studious youth. A professor of surgery being wanted in the University of Palermo, Portal occupied that place and the chair of obstetrics. A surgical clinic was opened by Portal in the civil hospital; and in the evening at his own house to a numerous class of young men he explained the symptoms observed in the various patients at the hospital, and each one was with synoptical tables expounded by the students and corrected by the professor. All was thus made clear, and the learners were thus accustomed to act as professors.

Many academies had Portal for a member, as one who had labored much for the progress of the sciences. The King of France, to whom he had offered a large volume containing some of his medico-chirurgical works, sent him a beautiful gold medal in 1842; and the Emperor of Austria nominated him a chevalier of the order of civil merit.

Everything appeared to smile upon Portal's path, when envy commenced anew to raise a storm against him, which gathered unexpectedly, so dark were the means which his enemies employed.

In the terrible period of the Asiatic cholera, which in June and July of 1837 desolated Sicily, and especially the fair Palermo, Portal regarding nothing, fearing nothing, was ever present, assisting and administering medicines to the sufferers; physician, surgeon, sanitary deputy, counsellor, in all capacities Portal was seen acting in this terrible emergency. But in vain, even after this fearful storm, did Portal hope to find a calm. The honors with which he was crowned, as well as his superior wisdom, aroused more fearfully against him his envious opponents, who sighed for his ruin; and at the time when a palm of gratitude was apparently his due for his devoted labors, calumny was doing its utmost to injure him.

On the first of October, 1843, Portal died, far from the city which had cradled him, far from the one which had adopted him, unattended by his wife, by friends, or acquaintances. He died in the city of Vittoria, falling a victim to a bilious gastric fever with implication of the brain. Poor friend! after the early years of your life passed so laboriously, that such misfortunes should have been in store for you! Nor at death

was there one to shed over you the tears of pity, to comfort your last hours, or to close your eyes ! So little, alas, is this deceitful world a home for the great !

[The following is the epitaph over the grave of Portal.]

Cineribus et memorie PLACIDO PORTAL  
 Qui Albe-Ville natus  
 In Panormitana Studiorum Universitate  
 Artem chirurgicam professus  
 Tanta excelluit vel sapientia vel industria  
 Ut a potentissimis regibus  
 Muneribus honoribusq sit decoratus  
 Suiq desiderium exteris gentibus  
 Patrie amicis discipulisq  
 Quos miro amore dilexit reliquerit  
 Uxor merentissima  
 Baronis Josephi Taconi cura  
 P.

Vixit annos LI. menses XI. dies XXV.  
 Obiit Victorie Kal. Octobris An. MDCCCXLIII.

[The letter which follows accompanied the gold medal from the King of France, alluded to in the preceding memoir.]

*Cabinet du Roi.*

*Aux Tuileries, le 18 Mars, 1842.*

MONSIEUR,—Le Roi a agréé l'hommage du volume qui contient vos œuvres chirurgicales, et a vu avec intérêt qu'à Palermo, comme en France, le nom de Portal a été heureux pour la science.

Vous desirez, Monsieur, que vos honorables travaux, ainsi mis au grand jour vous passent obtenir la décoration de la Legion d'honneur. Permettez moi de replacer vos démarches dans la seule voie qui quisse vous conduire au succès, en vous prevenant que cette distinction n'est conférée à des étrangers que par l'intermediare et sur la proposition de M. le Ministre des Affaires Etrangères. Mais la medaille que j'ai l'honneur de vous envoyer, de la part du Roi, vous dira, Monsieur, que Sa Majesté, sensible à votre attention, s'est plu à y répondre par un temoignage personnel de sa bienviellante satisfaction.

Agréez, Monsieur, l'assurance de ma considération très distinguée.

Le Secretaire du Cabinet particulier,

*M. le Docteur Placido Portal, à Palermo.*

CAMILLE TAIRY.

#### LEGALIZED VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is now generally acknowledged that vaccination with kinexox is a great protection from smallpox ; yet it is surprising how many there are unprotected in the surrounding country towns. In the great majority of families having children, may be found a greater or less number of this



class. These families omit from carelessness, more than from anything else, to have vaccination performed, and it is generally only brought about by imminent danger and great excitement from smallpox. From inquiries made on this subject, I should judge that more than one fifth part of all the inhabitants of towns in the vicinity of Boston have never had the benefit of vaccination, and these are principally children and youth. This would not hold true, probably, with the population of Boston, the regulations of the city being such as to require all children to be vaccinated before they can enter any of the public schools.

It is highly important, in my opinion, that every child should be vaccinated as soon as his age and health will allow; so that not only the child itself should be protected, but the community preserved from any bad effects of smallpox should it accidentally get among them. Considering the rapid and free movements from place to place, of the inhabitants of our own country, like the circulation of a giant's blood, and the great and increasing emigration of foreigners among us, would it not be well to have some legalized system which would secure the protection of all, without its being thought repugnant to democratic institutions.

The old maxim, so little lived up to generally, that an ounce of prevention is worth more than a pound of cure, is nevertheless true, and ought to be adopted in this case. The prejudices against vaccination are so few at the present period, that there would be found no difficulty, I apprehend, in carrying out a system of legislation which should require that *all* should be vaccinated under proper and judicious circumstances.

It is not my object to point out any mode of legislation by which this should be accomplished, but merely to call attention to the subject.

Your most obt't,

JOHN CLOUGH.

No. 9 Winter St., Boston.

#### SPINA BIFIDA.

[Communicated for the Boston Medical and Surgical Journal.]

LAST week a lady was delivered of a female fœtus, of seven months, in which the posterior portion of all the vertebræ, from the seventh dorsal to the sacrum, was wanting. The spinal cord was floating in a fluid contained within a perfectly transparent sac of two and a half inches diameter transversely, and four and a half inches nearly in the median line, of an elliptic form. The fœtus was born alive, but died within ten minutes after birth. Upon touching the spinal cord, through the sac, with the finger, after an interval of an hour, there were violent convulsive movements of the superior and inferior extremities. The experiment was repeated at short intervals, five or six times. Two hours after, no such effects could be produced by the same means. The only other external peculiarities in the case were remarkably small lower extremities, though enlarged by anasarcaous swelling. Two of the toes were anomalous, and the thumb of the right hand. The head very large.

*Internal appearances.*—Upon opening the cavity of the abdomen, nothing presented but the urinary bladder, which was large, surrounded by anomalous lobes of the liver which was of immense size. The gall-bladder filled with air. The stomach and intestines filled the left half of the thorax. The cæcum and right portion of the colon unattached at its usual points; the transverse and left portions were attached to the vertebræ within the thorax in part. The right portion of the diaphragm was natural. The left presented about one third of the anterior portion only, thus rendering the cavity of the thorax and abdomen continuous. The left lung was atrophied and would not admit of the passage of air through its bronchial branches; in appearance it resembled the liver. The spleen was wanting. The kidneys were large, without the capsules, and were found in the iliac fossæ, low down. Uterus well developed, with its appendages, and of the natural size.

*Boston, October, 1845.*

#### PROTRACTED GESTATION.

[THE following case is reported in the last No. of the American Journal of Medical Sciences, by Dr. Aristide Rodrigue. The possibility of pregnancy during so long a period seems to have been decided in this case on very little medical testimony. This deficiency, however, would appear to have been made up, in the estimation of the jury, by the very doubtful statements of two of their number.]

*Commonwealth vs. Jeremiah Wilson Porter; Indictment for Fornication and Bastardy. January Term, 1844; for Cambria County, Pa.* Defendant pleaded “not guilty.”

The ground on which the defence rested was “protracted gestation,” the term extending to 317 days, from Sept. 24th to Aug. 7th. The following testimony was produced.

*Margaret Shoup, sworn.*—I am a single woman; I am 23 years of age; I am the mother of a female child; it was born the 7th of August, 1843; Jeremiah Wilson Porter is its father; the child is living. It was begotten on the night of the 24th of September . . . . he had connection with me more than once, not more than twice, that night; it was three or four weeks after the connection that I knew I was pregnant. I had connection with no other man after that—I never had connection with any man before that; I was in bad health; my courses stopped about three weeks after the connection; *they appeared again about five weeks before the child was born*—they did not appear before that; lasted two days—there was not the usual quantity; about this time, five weeks before the birth of the child, I was very sick; had pains which continued for a long time; I had the pains frequently after this up to the birth of the child.

*Catharine Shoup, sworn.*—My sister was sick from the 19th January, 1843, till the birth of her child. Dr. Phytian said she had liver complaint; she quit taking medicine the last of June.

*Dr. Rodrigue*, affirmed.—Have been in practice since I graduated, nineteen years since ; have attended several hundred cases of midwifery ; in my own practice the longest period was upwards of ten months ; have frequently met with cases of protracted gestation beyond the ninth month ; it is considered no uncommon occurrence. I have met with several cases (a few weeks, two weeks). I take the pains spoken of to be an attempt at labor.

Cases of protracted gestation are met with in young women ; can't say whether they are more numerous after the first birth. The ordinary is from 270 to 280 days ; the birth of the child will occur in or about nine calendar months.

No testimony was produced by the defendant except to prove his absence shortly after he had connection with the girl, and that he did not return until after the birth of the child. He was counselled not to compromise with the female, as the extended term would clear him.

No evidence was produced to impeach the character or conduct of the female ; but, on the contrary, she invariably bore a good reputation, and it was also proved that under promises of marriage the plaintiff had yielded to the desires of the defendant.

The court charged the jury strongly in favor of the medical testimony concerning protracted gestation, and the jury, after retiring for a short time, brought in a verdict of " guilty " against the defendant.

There was a circumstance which tended strongly to dispose the jury to admit the case of protracted gestation ; among their number were two married men, who stated that their wives always went beyond the usual term of nine months, and on one occasion one went beyond ten months.

Among several other cases which have since come to my knowledge, I may mention the following : Elizabeth Marks, a married woman, at the age of about 36 years, went eleven months with one of her children. Her account is " that she missed her menstrual period in the beginning of November (had been regular before), quickened on the 4th of March ; took ship to come to America on the 25th of same month ; was very sick during the whole passage, which was a very long and boisterous one ; and on the Monday before the October court of Cambria county, was delivered of her child, being altogether at least 320 days.

#### CASE OF ASCITES, CURED BY THE INJECTION OF A STIMULATING FLUID INTO THE PERITONEAL CAVITY.

[The following interesting case is related in the same Journal, by Dr. John B. Sherrerd, of Belvidere, N. J.]

Mrs. Newman, of Warren county, N. J., aged 40, mother of eight children, had been in declining health for a year or more previous to Dr. Clark's seeing her ; a short time before which she was supposed to be again with child. Her debility and emaciation increased, and also a distension of the abdomen, added to which she had a prolapsus of the bladder. Dr. Clark saw her for the first time on the 30th of November, 1843 ;



he found her in this miserable condition, with poor appetite and fever, suffering constant uneasiness while sitting, and pain when on her feet. All ordinary remedial medical agents were used to no purpose, and on the 14th of December, Dr. C. deemed it necessary to perform paracentesis abdominis, and he drew off  $5\frac{1}{2}$  gallons. She bore the operation well. Emaciation, however, continued to advance. She now submitted to small bleedings, and the belly filled more slowly. On the 4th of January, 1844, she was again tapped, and gave  $3\frac{1}{2}$  gallons; her decline was now more rapid; no appetite, and great emaciation. It now seemed evident to Dr. C. that but one more tapping could be borne—he considered that the debility induced by the operation would so lessen the liability to inflammation, that he felt justified in injecting an astringent infusion, and thus produce some alterative effect upon the secreting surface of the peritoneum. On the 23d of February, she was subjected to the operation the third time; 3 gallons were removed. She was now very prostrate, requiring powerful stimuli. Her physician had prepared an infusion of the dried sliced fruit of the persimmon (*Diospyros Virginiana*); with this he charged a ten ounce syringe, to which he had attached a large-sized catheter. This he introduced several inches into the wound in the abdomen—he allowed it to remain in ten minutes, when the belly was emptied by pressure upon its walls. The doctor continued his personal attendance at the bedside 24 hours. Prostration was extreme; but reaction became established at the end of 24 hours, and in 36 she had some fever, and great tenderness of the abdomen. She could not move nor speak above a whisper during the first 36 hours. Tepid fomentations were applied to the abdomen, and continued until a bandage could be borne.

A profuse bronchorrhœa now set in, and in an hour a large silk handkerchief would become saturated. This was on the third day after the last tapping—it was checked by inhalations of chlorine—this drove the water from the lungs to the skin. The diaphoresis becoming too profuse, it was stopped principally with lime water, and frictions with pepper and brandy. After four or five days, the discharge from the lungs returned, and a similar medication drove it again to the skin. The same applications were re-applied, and at the same time the inhalations. During the metastases, the water discharged decreased in quantity, and the patient's appetite increased. A gastrorrhœa now occurred; constant nausea, frequent retching, and some vomiting at intervals. An emetic was given, and the morbid tendency seemed overcome. The urinary secretion now became fully established, and she recovered, so that by the 10th of June, 1844, all her functions were fully restored, and since that time she has enjoyed perfect health.

I make no comment on the case, and would merely call attention to the recent experiments of M. Velpeau, an account of which was given in a No. of the *American Journal* of last year.

The report of the above case was placed at my disposal by Dr. Wm. C. Clark, an eminent practitioner of twenty years standing, and who had charge of the patient.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 29, 1845.
 

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*Artificial Petrification.*—By a private letter from Paris, we learn that an Italian gentleman was in that city, who claims to possess the process of the celebrated Segato, for preserving the human body, with some improvements. He exhibited a snail perfectly preserved, with the head protruding from the shell; also a frog, with all the appearance of life; an eel, coiled upon itself and in beautiful condition; a small yellow Canary bird, with all its colors and shape. Besides these, he had a number of fishes, and a piece of kidney, having much the appearance and consistence of polished marble; a piece of liver; a tongue, a child's hand, through which could be seen the rays; a man's hand, nails perfect; and, lastly, two human heads, in an admirable state of preservation, the hair not being at all changed. The skin looked dark in all the specimens, but coming as they did from Neapolitan lazzaroni, it is not certain how much is to be attributed to natural complexion, or whether it had been altered by the process. At all events, the art seems to promise well for anatomical pursuits, and may perhaps succeed in a degree for embalming, but it is questionable whether the natural colors can be retained. The inventor is soon expected in the United States, with a view to obtaining a patent, which may have already been secured in the different countries of Europe. It is confidently expected that the secret will soon be fully known, since it is represented to be quite simple, requiring only a tub, some few chemical substances, and an immersion from ten to twelve days.

The inventor calls it the *petrifactive process*—but the articles he has prepared in the new way, have not the weight of stone, although they are heavier than wood.

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*St. Luke's Day.*—The Evangelist Luke, who was styled the *beloved physician*, is considered the patron saint of the medical profession in Catholic countries. On Saturday, October 19th, which was St. Luke's day, a few medical gentlemen of Boston commemorated it by dining together. We consider it a happy circumstance when any apology is found for bringing the brotherhood into social contact. Formerly, the medical practitioners of the city had regular meetings, which served the important purpose of making them acquainted with each other. A new generation begins to show itself; but those conventional relations, so conducive to the happiness of professional life, which for twenty years particularly characterized the intercourse of medical men, are quite neglected, and in fact seem to have been forgotten.

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*Review of the Philosophy of Medical Science.*—Another paper has appeared in the October No. of the Southern Literary Messenger, written by Dr. Samuel Annan, Professor of Pathology, &c., in the Washington University of Baltimore. He presents Dr. Bartlett's doctrines in a new aspect, and criticizes the work which bears the title prefixed to these

remarks, as though he owed it a grudge. Here is a specimen of his review. "A disposition to see nothing good or beautiful over the wide domain of both physical and medical science—to show that he, the author, alone possesses the true secret of scientific investigation—and that, when he dies, wisdom will perish with him; in a word, to exalt himself, at the expense of the whole scientific world, is manifest throughout the work." Fortunately for the reviewer, Dr. Bartlett is now in some remote part of Europe, and hence he can thrash the shadow with perfect impunity; but we opine that a day for a literary retaliation will come, when the charges made by Dr. A. will be fully refuted by one so well able to vindicate himself as Dr. Elisha Bartlett.

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*Lectures on Puerperal Fevers.*—By request of a committee of medical students, three lectures on puerperal fevers, by William Harris, M.D., of Philadelphia, have been published. The best commendation in our power to bestow on the meritorious efforts of those who labor to lessen the amount of human sufferings, is to copy their own language and thus circulate their opinions. We have already done so in regard to these valuable discourses, by extracts published in the Journal. More extensive drafts would be made upon them, were it not for the amount of medico-literary matter that has recently accumulated upon our hands.

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*Allotropism of Chlorine.*—In looking over the American Journal of Science and Arts, a paper by that learned chemist, Professor Draper, of the University of New York, was noticed. It has since appeared in a neat pamphlet form. Those who understand what is called the *theory of substitutions*, will doubtless feast on this. Some idea may be formed of the character of the author's researches by the leading divisions of the subject, viz.: phenomena of the decomposition of water, by chlorine, in the rays of the sun; on the relations of chlorine and hydrogen, and the allotropism of chlorine, or its passive and active states. The fact is, this is an exceedingly profound dissertation, although, perhaps, rather too dry for the every-day reading of persons not intimately familiar with the present state of chemical science.

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*Legal Medicine.*—At Dartmouth College, a professor of legal medicine has been appointed, which is an important addition to a board of faculty, already distinguished for devotion to the best interests of students. Why has not the subject of legal medicine, as a distinct branch of instruction, been introduced more generally into the schools? Some years ago the Hon. Henry Hubbard, of Pittsfield, Mass., gave a series of lectures, of a high order, before the Berkshire Medical Institution class. Had they been published, they would have sent his name over the world with eclat. From the catalogue, it is evident that Dartmouth College, which should be the pride of New Hampshire, is in excellent condition, both in the academical as well as medical department.

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*New York State Lunatic Asylum.*—At present, as in past times, the Asylum at Utica is constantly full—the number of patients averaging between 260 and 270. It has been remarkably healthy there—only one



death having occurred in three months. The additions to the already colossal structure, are up, so that by another season accommodations will exist for six hundred. To a stranger, in passing by, the establishment appears outwardly to be on a gigantic scale.

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*New Remedy for Insanity.*—A new work by M. Moreau, of the Bicêtre, entitled *Du Hachisch et de L'Aliénation Mentale*, &c., has much in praise of the *Cannabis Indica*, which we have been offering to the profession as a remedy for neuralgia. If it is half as remarkable in diseases of the mind, or rather brain, as represented by this enthusiastic French savan, its discovery must be of much importance to the civilized world.

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*Lodgement of Shot in the Body.*—Dr. Gilbert, of this city, who formerly practised medicine at Brattleboro', Vt., relates, that about ten years ago, two children were standing in the rear of a waggon, from which a loaded gun was accidentally discharged. A heavy charge of shot was poured into the faces, breast and abdomen of them both, but they were not killed. Several shot passed entirely through the parietes of the abdomen, so that a probe entered freely—and yet there was little or no inflammation or disturbance in the system. The youngest had a shot exactly through the pupil of the right eye. The organ did not appear to suffer much, although a little diminished in volume, and wholly destroyed for the purposes of vision. As many as seven shot perforated the *os frontis* of the same little girl, which the surgeon did not doubt, at the time, actually passed completely through the bone. None of the shot were ever extracted by art. Last week, the gentleman who furnished these particulars, saw the father, who stated that the wounded children are in excellent health, having grown to young ladies. Where are the shot? It is well known that leaden balls have been carried half a century in the large muscles, not having been found when the wound was fresh, and that they have remained quiescent all that period, without being productive of much inconvenience.

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*Case of Luminous Breath.*—A case of this description was copied into the *Journal*, from an English periodical, some time since. Dr. Wm. Huggins, of Trinidad, relates a similar case in the *London Lancet* of Sept. 6th, which we here quote.

“One Hugh McCullum, a carpenter, an habitual drunkard, had been suffering for some time, and was under my treatment, at different periods, for disease of the lungs, liver and stomach. At about the commencement of August last he was suddenly seized with excessive cough, difficulty of breathing, and diarrhœa. The last I checked, to a certain extent, but the cough and dyspnoea continued to his death. On the night of the 7th or 8th, a black man, who was attending to him, called up the overseer of the estate (an American Quaker, of undoubted veracity), telling him that the unfortunate McCullum was at his last gasp. The overseer arrived just in time to see him die, and observed, plainly, a spark of bright-red color issue from his mouth, and disappear immediately. When he told me of it on the following day, I laughed at him, saying that he must have seen the reflection from the candle on a bubble of saliva. He replied

that it could not have been so, from the position of the candle; and on my inquiring of the attendant, I found that he also had seen what he termed 'fire come out of his mouth.' I made a *post-mortem* examination of the body, for the benefit of all the lovers of the 'fire-water' on the estate, and lectured them as severely as I could, stating what I expected to find in a man of such habits—that is, disease of the stomach, enlarged nutmeg-liver, and lungs affected. These proved to be the appearances."

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*Anchylosis of the Lower Jaw.*—Mr. French relates, in the London Medical Gazette, the case of an individual, aged 22, who from infancy had been brought up in the workhouse. He was unable to separate his jaws, and had taken food through an opening made by the removal of several of the incisor teeth. At 14 years of age it was proposed to afford him some relief by an operation. This was tried, but unsuccessfully. He died suddenly from congestive apoplexy. After death, the following appearances were observed at the seat of anchylosis:

"The jaws on the left side were perfectly united, and only the smallest degree of motion could be made on the right; the soft parts were removed, and the base of the skull was macerated, when anchylosis was discovered to exist between the lower and upper jaw on the left side; the ramus of the inferior maxilla immediately external to the mental foramen extending upwards by a broad thin plate, and uniting with a corresponding plate of the superior maxilla, a cartilaginous material forming the bond of this union.

"The articulation of the jaws was normal, and if the exact seat of the anchylosis had been known during life, it is probable that an operation might have been successful in restoring to a great degree the functions of the mouth."

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*Montreal Eye Institution.*—We have much pleasure in noticing the establishment of an institution for Diseases of the Eye in this city, under the care of Dr. Morson; Dr. Macdonnell being the consulting physician. We have no hesitation in expressing our conviction that a specific charity of the kind is much wanted, and we doubt not its success, from the talent brought to bear upon it. An Institution of this kind, however, ought to receive in-door patients, as well as out-door, to the latter class of which its benefits are to be restricted. Doubtless, as it progresses, and its pecuniary resources become more extended, its doors will be open to the reception of the former. With characteristic benevolence, we perceive that his Excellency the Governor-General has permitted his name to be associated with the undertaking, and we feel assured, that partaking as it will of his generosity and of his patronage, it must and will succeed.—*British American Med. Journal.*

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*Establishment of an Hospital at Kingston.*—We are happy to perceive that a hospital for the reception of medical and surgical cases has been within the last month opened in Kingston. The position of that city at the termination of the upper lakes, and the commencement of the St. Lawrence river, should present numerous advantages in respect to the number and variety of the cases presenting themselves for admission;

and if supported in a proper spirit by the community, would prove of infinite value to the city itself, as well as the adjacent country, where such an institution is much needed. There is no institution of the kind between Toronto and this city, a distance of about 389 miles. This fact speaks strongly for the necessity of one at Kingston, which is nearly intermediate. The hospital opens under the immediate professional charge of Dr. Hal- lowell and Dr. Sampson, the latter being the consulting physician. It has our best wishes for its success.—*Ibid.*

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*Medical Society of Georgetown, Ky.*—A society has been organized of the physicians of this neighboring town, the members of which meet together at stated times, for the purpose of mutual improvement in knowledge and good feelings. Interesting cases, which may occur in the practice of any of the members, are orally described, and a stated subject for conversation is regularly discussed.

Physicians ought constantly to "compare notes" together, and should seek to preserve harmony and good feeling among themselves; at the same time, they should constantly review their cases and acquire facility in communicating to each other and to the public, their observations, the results of their experience and their thoughts, either by speech or by the pen. In this view, the society at Georgetown must be productive of good effects.—*Western Lancet.*

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*Peculiarities of Ancient Teeth.*—Dr. Allnatt describes, in the London Medical Gazette, the following peculiarities in the teeth which he found in the skull of an ancient Roman. He says a similar peculiarity has been observed by others, as belonging to the ancient skulls of different nations. Thus it has been noticed in skulls taken from Saxon and Celtic tumuli, in those from Brazil, Egypt and New Zealand.

"The existing teeth in the upper jaw (the only one, unfortunately, preserved) are eleven in number; five of the molares were lost during life, as the alveolar processes are consolidated by ossification. The crowns of the incisors stand prominently from the jaw, and are evidently not worn to any extent by attrition, but instead of presenting the usual wedge-shaped appearance, they are of an irregular solid oval form, strongly coated with enamel, and in every respect like the natural molares. The bicuspidæ have also lost their identity, and partake of the same peculiarity, so that the whole row presents the appearance, along the entire line, of a set of sturdy and uniform molares."

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*Transplanting the Cornea.*—One of the very last propositions in operative surgery, is to transplant the transparent cornea from young animals to the eyes of blind men and women, who previously have their own clouded ones dissected out. It has actually been done, partially, by Dr. Plouviez, of Lille. He took one from a young dog, for a girl who had lost her sight by smallpox; but she could only perceive light, and not objects.

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*Medical Miscellany.*—A gall-bladder is said to have been taken from a patient who died in Guy's Hospital, so enormously distended, as to hold



three wash-hand basins of fluid. How large were the basins?—Professor Lallemand, of Montpellier, has been elected to the vacant place in the Academy, made so by the death of Breschet, and consequently removed to Paris. M. Boyer has taken the chair of Breschet, as surgeon of St. Louis. Jobert was first elected, but declined the honor on account of certain restrictions by the council.—A person lately died in Paris, said to be the son of an English lord, who left a widow. On examination of the body, the husband proved to be a woman!—Blisters in typhoid fever, according to M. Louis, are both useless and dangerous, from the tendency to ulceration and gangrene of all sores in cases of that fever.—A new chemical antidote for the poison of corrosive sublimate, is protochloride of tin—two parts dissolved in thirty parts of water, which, in the stomach, reduces one part of the poison to a state of metallic mercury.—A new method of treating mothers' marks on children is to puncture them, and inject a saturated solution of alum. Inflammation ensues and, finally, the *nævus* disappears.—Two religious periodicals in London have excluded quack advertisements from their pages.—Fossil human bones have been found in the province of Minas Geræes, in Brazil, which has led to the idea that the southern part of America was inhabited by men before any other part of the continent.—Perhaps the richest private medical residence in the world, is Dr. Hevia's, nine miles from Havana, in the district of Marianao, leased temporarily, at present, to Santa Anna, the extirpated Mexican Dictator.—In England, last year, 168 persons died by accidental poisoning.—The cholera has entirely disappeared from Sukkar and Hydecabad, in India.—Smallpox is represented to be very prevalent at Plymouth, Mass., and also in some parts of Western New York.—Prof. T. Shephard has brought from the copper regions, on Lake Superior, a specimen of ore, weighing 1600 pounds, almost pure metal.—No. 3, Vol. IV., of the *Homœopathic Examiner*, by Drs. Gray and Hemple, is advertised.—The past summer has been a sickly one in Missouri and Illinois. It has been estimated that 200,000 persons, in those States, have been ill of diseases peculiar to the season there.—In the city of New Haven, Conn., there are 390 females more than males. In Massachusetts, the females are supposed to be vastly in the majority.—Where is the *Manual of Medical Jurisprudence*, by Amos Deane, Esq., to be found?—The medical lectures will soon commence at the College in Boston; the introductory will be given by Dr. Channing, and will be worth hearing.

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TO CORRESPONDENTS.—The Connecticut Medical Society Prize Essay on *Scarlatina*, by Dr. Ellsworth, of Hartford, has, at the request of the Editor of the *Journal*, been forwarded for publication, and will soon be commenced.—Additional particulars from Dr. Bradley, of Bangkok, Siam, respecting vaccination in that place, have been received, and will soon be published.

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DIED.—In Cambridge, Mass., Dr. Timothy L. Jennison, 84.—At Turner, Me. Lewis Phinney, M.D., of Jewett City, Conn.

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Number of deaths in Boston, for the week ending Oct. 25, 47.—Males, 25; Females, 22. Stillborn, 8. Of consumption, 6—dropsy, 2—dysentery, 2—inflammatory, 1—typhus fever, 3—infantile, 6—hooping cough, 2—lung fever, 5—dyspepsia, 1—gravel, 1—disease of the bowels, 3—accidental, 1—croup, 3—dropsy on the brain, 2—inflammation of the bowels, 1—disease of the heart, 1—cholera infantum, 1—smallpox, 1—canker, 1—dropsy of the chest, 1—scarlet fever, 1—disease of the liver, 1—teething, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 60 years, 12—over 60 years, 5.

*Poisoning by Oxalic Acid.* By MICHAEL KEATING O'SHEA, M.R.C.S. Eng., Lambeth.—In the year 1839, during my practice in Dublin, I was attracted late at night, by a woman, in seeming distress, being ejected from an apothecary's door, and on inquiry, I was told her husband had taken poison.

On my arrival at his residence, he complained of a burning sensation about the pharynx and œsophagus. His having had recourse to tepid water, with a view of emetic action (at his own instigation, before I saw him), must have tended materially to aggravate his case, by contributing to the solution of the ingesta (oxalic acid), and its more extensive application to the surface of the stomach.

His tongue was coated; his pulse was small, quick, and wiry; and an anxious countenance, with complete prostration of strength, exhibited the misery of this infatuated being. The palate was vesicated, and the pharynx highly inflamed; the cardiac extremity of the stomach and epigastrium were marked by a degree of exquisite tenderness, and he vomited dark, grumous and charred bloody matter.

In order to more fully understand this case, before I allude to the treatment, it is necessary to premise that I did not see him for full fourteen hours after he had taken the poison, which he effected at Bray, a village ten Irish miles from Dublin, and travelled to the latter place without using any remedy saving the tepid water before mentioned.

On his arrival at Dublin, early in the day, he had recourse to the apothecary, to whom I have alluded, who gave him some powered rhubarb and magnesia, of which he took *very little*, and I should have noted, that the quantity of oxalic acid taken exceeded an ounce.

There can be no doubt about the poison. The person who sold it acknowledged to it; the wife bore testimony to its being taken in her presence; and a small portion which remained in his pocket was tested at the University laboratory, by Dr. Barker, of Hatch street.

With such a case before me, I was alarmed for the result, and first sought for lime as an antidote to the poison. As the vomiting was free, copious and constant, I interfered not in this respect with nature, ever sensitive towards relieving herself of any foreign and injurious substance, but as the living machine must have sustained considerable damage, I applied myself to its repair, guided by the symptoms. Following these, my treatment consisted in copious venesection; free exhibition of calomel and opium; mucilaginous mixtures; a large blister on the epigastrium, dressed with nitrate of mercury ointment, terebinthinate enemias, with sulphate of magnesia, and, when the stomach became irritable, effervescing saline medicine. The man was confined for some time, but ultimately recovered, and again entered service as a gentleman's coachman.

I saw him twelve months after his recovery, and he looked very well, but complained of a sense of constriction about the œsophagus, and of being occasionally dyspeptic.—*London Lancet*.

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*New Medical Books in London.*—A Dictionary of Practical Medicine. By James Copland, M.D. Part X. From Palate to Pestilence.—Medical and Physiological Problems; being chiefly Researches for correct principles of Treatment in disputed points of Medical Practice. By William Griffin, M.D.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, NOVEMBER 5, 1845.

No. 14.

## ESSAY ON SCARLET FEVER.

Being the Dissertation, by P. W. Ellsworth, M.D., of Hartford, which obtained the Prize offered by the Medical Society of Connecticut.

[Communicated for the Boston Medical and Surgical Journal.]

EMBARRASSED by the varied duties of the general practitioner, I have endeavored to throw together a few notes upon the more important points in the pathology and treatment of scarlet fever, not designing it as a complete history of the disease, nor enumerating all its symptoms, but such only as are of particular interest to those so well informed respecting it as are the physicians of Connecticut. I hope, however, that they embody most that is really useful, though written as the various points presented themselves successively to my mind.

Few diseases, at the present time, demand so much attention as the one under consideration; a fact acknowledged by the Medical Convention in selecting it as their subject for discussion at their meeting, and in presenting it to the great body of practitioners for examination. Consumption, sweeping off one fifth of our young and middle aged, rules the day, and to her dread power medicine presents but a feeble barrier; this fever, however, emphatically the plague of our youth, we may yet hope successfully to resist. I regret that it is out of my power to present a specific, yet I hope the suggestions made may meet with acceptance.

It is only by a careful and philosophical examination of the disease, an accurate diagnosis of symptoms as indicative of changes in the system, and by a judicious selection of remedies founded upon these, with a due regard to epidemic influences, that we can hope to attain the great object of our investigations; yet it is to be hoped that from the great store-house of nature, there may yet be drawn something, as powerful in subduing this fever, as bark in intermittents.

We are unable to draw upon the experience of the ancients, since the disease is either a modern one (which is the opinion of Dr. N. Chapman), or has been ever confounded with other and entirely different affections. It was so confounded with measles, until the close of the 18th century; and as late as the middle of the 17th, measles, smallpox and scarlet fever were considered as identical. The disease first broke out in Spain in 1610, and in eight years spread to Naples, where, and in the surrounding country, it swept off half a million of people. Since Withering's treatise in 1793, it has been so prevalent that there has been no lack of oppor-



tunity for investigation ; and the multitudes of treatises upon the subject, remedies and methods of treatment, witness both the interest it has excited, and the insufficiency of the means recommended. Under the improved and fast-improving manner of investigation, the more philosophical views of pathology and organic chemistry, the operation of miasmatic poisons and remedial agents, we may hope a blow will yet be struck at the root of this now so terrible malady, which first commencing its course in North America in 1737, has since then swept annually thousands of children to the grave, prevailing equally in our large cities and the rural districts.

Before entering upon the fever itself, there are some points worthy of study, and bearing strongly upon the whole character of the disease. In the first place, what are we to think respecting the discrepancies of writers regarding the *nature* of scarlatina, whether or not inflammatory ? Can it be that sagacious and experienced physicians should have differed, where there was no reason for it ? The truth is, both have been partially right and both equally wrong. The treatise by Billing, on the first principles of medicine, has thrown a flood of light upon this subject, and no student should commence the practice of medicine until thoroughly master of its contents. Not that I would subscribe to all his opinions, for few can advocate *many* new ideas, without *some* error ; but his views I am confident are in the main correct, and that they will stand the test of time and experience, for they have been the result of both. Now while I run the risk of exciting the prejudices of the older members of the profession, to whose experience all honor should be shown, I must, as an advocate of what I fully believe to be *truth*, and which I hope at some future period more fully to prove, assert the doctrine, that inflammation is essentially connected with the loss of vitality in the part attacked ; that fever is essentially attended with the same state of the general system (atony). Let me not be understood as advocating the stimulant practice ; for I could show that stimulants, so called, may be the greatest sedatives, and that in these cases the lancet and antimony are really tonics, adapted to particular stages. The views advocated by Billing were to a certain extent my own, before reading his work ; but since, they have been greatly strengthened, and I have been enabled with much more pleasure to practise a profession so full of difficulties. There has been much trouble in settling the *modus operandi* of medicines ; but having established the fact, that inflammation is a depressed instead of exalted action of the capillaries, a thing fully proved, both by the microscope and the operation of stimulant astringents on all parts visibly inflamed, we are greatly helped in this investigation, and enabled to explain many phenomena otherwise perfectly unintelligible. The discussion of this subject would take too much time ; and I will only add, these principles are not hostile to the practice of advocates for the lancet, but founded in part upon the results of venesection. It however gives us better principles whereby to judge what is the proper *time* to administer those remedies usually called tonics and stimulants. Antimony, by depressing the action of the heart, allows the distended capillaries to contract, an operation partly vital, but

also partly mechanical, produced just in the same manner as would be done after bleeding, the reddened tissues becoming at once colorless. When, however, it has been long continued, it is known sometimes to produce gangrene of the lungs, and in poisonous doses, inflammation of these organs—a circumstance depending upon an exhaustion of the tonic power; relaxation ensues just as it always follows a long-continued stimulation, which consumes the energies of the system. Inflammations are well known to ensue rather in debilitated than vigorous subjects. In a puerperal case under my care, where there had been a face presentation followed by considerable hemorrhage, the patient was attacked by metritis; when this yielded, phlegmasia dolens ensued, and mammary inflammation followed this. The patient was cured by calomel and quinine. Persons exhausted by the loss of blood are much disposed to peritoneal inflammation. This I have *seen* in a person who nearly died from a wound of the brachial artery; great attention was necessary to save him from the effects of peritonitis. The practice of anticipatory bleedings, formerly much in vogue in the English hospitals, is now happily nearly laid aside, having been found injurious, producing the very effect it was made use of to prevent.

The following from Pereira, respecting the operation of antimony, shows the mistake of many of our brethren. He says, "We should expect that if antimony had a tendency to inflame the lungs, or at least to occasion pulmonary engorgement, large doses of it would not be very beneficial in acute peripneumonia." Now the good of antimony depends upon this very fact, for it has the power of producing contraction of the capillaries, and this long continued or too energetically, ends in loss of tone and congestion. Ipecac. operates in precisely the same manner—its proximate principle, emetine, having just the same properties of inflaming or of stimulating the pulmonary mucous tissue. And here the homœopathic fraternity have stumbled upon a great truth, though, as they practise, not a truth. They say *similia similibus curantur*. I say, that some medicines, capable of producing inflammation in an organ, may in a smaller dose produce tonic effects. The true statement is, that after the system is prepared and the sympathetic action of the heart controlled, then, *local stimulants cure local inflammations*, whether applied direct or through the constitution, as nitrate of silver that of the conjunctiva, senega of the lungs, copaiba and lytta that of the urethra, Ward's paste that of the rectum; and if the heart does not sympathize strongly, either with the disease or the medicine used for its removal, we may begin at once. But we cannot thus reach many of the organs *directly*, and giving general stimulants urges on the heart and aggravates the difficulty. A specific stimulant may be given safely, provided its operation is strictly local. Upon examination, we shall probably find, that almost all our specifics, so called, operate as stimulants to certain parts of our organization, upon the mucous, serous, or nervous tissues, the glands, coats of arteries, as strychnine; the sedatives are very few, at least the direct. Even prussic acid, one of the most powerful of all, owes probably its control over chronic laryngitis to its property of stimulating the mucous membrane

of the larynx. As I stated, these remedies require caution from their effect on the heart. Capsicum, the *remedium magnum* of Thomson, is usually given after the operation of a powerful emetic, or in combination with it in cases of much torpor. The emesis acts not unlike a venesection; and as the remedy possesses rather a local action, and one by sympathy of tissue, than a general stimulant property, we can easily account for the measure of success which has attended the practice of the followers of Thomson, which certainly has been greater than reasonably could have been expected, considering the ignorance of most of them respecting a correct physiology. The great apostle of homœopathy struck upon a new idea, one half of which is true and valuable, but it is rendered null by his refinement. The suggestion that diseases are cured by medicines acting upon the diseased part as a tonic, at least when applied to inflammations and in the sense which I have explained, will be found true, and it is not improbably so respecting all disorders.

But enough has been said respecting inflammation. I felt it necessary to say thus much, that my views respecting scarlet fever might be better understood, and that there might be no obscurity when treating the subject more particularly. Some practitioners, considering this fever as a disease of intense action, could not restrain their fingers from the lancet, or account for the sudden prostration frequently ensuing. The desperate attempt of Drs. Graves and Marsh, recorded in the lectures of the former, pages 223-4, to cut short the disease by bleeding, shows how mistaken views may lead astray men confessedly among the brightest ornaments of the profession. Another class, true Brunonians, relied upon bark and brandy, but with indifferent success, except in certain epidemics, not reflecting, that in urging on the heart beyond its strength, a true state of debility was produced not to be relieved by other remedies. The truth lay between, and by a proper use of sedatives, so called, but being so only in a restricted sense of the word, the general system is prepared for the use of general tonics, or for stimulants properly so called. *The true remedies for disease are tonics*, but they cannot always be used early; at least this is true of those not acting through chemical changes in the fluids. When the *materia medica*, still in its infancy, is enlarged and perfected by new agents whose specific tonic action shall be accurately defined, they may perhaps be as soon resorted to in all diseases as lunar caustic in purulent ophthalmia, or iron in neuralgia or chlorosis.

Let us now look at the malady itself. The miasm, or whatever causes the disease, when communicated, is in all probability not an entity, but simply *particles of matter undergoing change*. Many experiments have been made, as in New York during the prevalence of the yellow fever, to detect this poison, in vain. Liebig has shown that particles of matter, undergoing change, communicate the same motion to all other particles capable of the same transmutations. This is the probable cause of all contagious fevers, of the low fever following dissection wounds, puerperal fever, and also the probable cause of the deadly effects of animal poisons, rabies, and the bites of serpents. It is true that this is in a measure a revival of the old doctrine of fermentation, but many things formerly



only supposed true, are now proved so, as is instanced in the discoveries of electricity and magnetism (I do not mean animal magnetism). Liebig has shown the "rationale" of many things, known only before as practical truths. This poison we have reason to believe may be generated in the body, and always is unless taken by contagion, or if not, it must act sometimes with great activity, contrary to what we know is its general law, since it has seized a person just landing after a long voyage. An epidemic influence is probably one of the most powerful causes of its spread, for while at one time we have a straggling case, it will at another burst out, attacking whole neighborhoods almost at once. We have reason, then, to think, that under certain states of the atmosphere or earth, there is a generation of the disease in the system, and *by the system itself*. That it is contagious there is little reason to doubt, although my own experience is *almost at variance with this opinion*—having seen but two instances where it spread in families, though I have often attended cases where the bed has been surrounded by children, whose removal was prevented by the circumstances of their parents. This accounts for the pretended success of belladonna in preventing its contagion. However, so many instances of undoubted infection have been related by neighboring practitioners, and by authors, that we can hardly refuse our belief. One thing is certain, that unless there is an epidemic constitution prevalent, the disease is communicated with difficulty as a general thing, nor is it nearly as contagious as measles or smallpox. The remarks made respecting contagion are probably true only as the malady is communicated by individuals, for we have no reason to believe that an epidemic constitution consists in the transmutation of aerial particles. As I stated, no analysis ever detects this, and we must therefore refuse our belief that there is anything added which thus causes directly the disease, but only such a state as causes its generation in the system in each individual case. Were it not so, but, were persons in an epidemic as much and equally exposed, as persons about the bed-side of a patient sick with contagious fever, infinitely fewer would be the escapes. It is by no means improbable, that the methods of analysis adopted by Liebig, respecting the several secretions of the body, the ingesta and egesta, may yet lead to the discovery of some chemical changes, against which we may guard and lead to greater success in escaping the disease or hastening its crisis.

The division into so many classes, for this fever, is not very necessary or even very useful; yet there is perhaps no other, where the various forms are so strongly marked, justifying this classification. Respecting the milder forms, little need be said, excepting that its sequelæ frequently require attention. The malignant variety attacks very differently at different times, sometimes commencing with a terrible onslaught, there being not only great febrile commotion, but such violent congestion of the brain and determination to the head that convulsions and almost apoplectic coma ensue. This may occur notwithstanding a bright scarlet eruption, showing that these symptoms are not owing always to retrocession or non-appearance of the rash. Again, severe symptoms of gastric derangement exhibit themselves, known by profuse diarrhœa, great

vomiting with ejection of bile, tenderness over the epigastrium. Yet these symptoms are not unfrequently dependent on nervous lesion of the brain, and if the tenderness is wanting, our attention should be fixed rather on this than the stomach. Again, the lungs seem to be the organs congested, known by the extreme anxiety of the patient, oppression of the chest, the mottled hue of skin, the rash being of a darker color, pulse small and oppressed. This state is almost always followed by a similar one of the brain, perhaps depending on the difficulty of circulation through the lungs, the reflux current overwhelming the cerebrum, or perhaps acting by its impurity. Sometimes in this congestive form the child dies without any symptoms of the malady, to one unprepared to meet it, no eruption manifesting itself until after death. This is a most curious phenomenon, yet cases have occurred in other diseases not dissimilar; witness the cholera in New York. Here some of the corpses, dead from this disease, though cold previous to the cessation of life, immediately became preternaturally warm on this event occurring. Nor could this have been owing to simple decomposition, as it rarely attends to such a degree and in so surprising a manner in other diseases, even when decomposition is more rapid than in cholera. Müller's experiments, though opposed to the following view respecting the capillary circulation, are also opposed to the views of many other physiologists, (see Oliver's Physiology). His own reasoning is very inconclusive also, and can weigh but little, the proof of such circulation being far stronger for, than against. The capillaries, having been extraordinarily contracted during the cold and congestive stage, now that the action of the brain and animal life is destroyed, are acted upon in some feeble manner by the nerves of organic life sufficient to admit a temporary circulation. That this nervous energy still may act, I had a fine opportunity of witnessing in a subject recently dead and placed upon the table for *post-mortem* examination. The iris dilated and contracted under the influence of light, to such a remarkable degree, that although there could be no doubt of the death of the patient, I was induced to delay the examination several hours. This also entirely confutes Lawrence's opinion of the contractility of the iris depending on congestion. The blood in cholera contains an unusual amount of carbon; this, driven into the capillaries, is acted on by the oxygen of the tissues and external air, developing heat much as occurs in inflammation. This is the most plausible method of accounting for the evolution of heat in the one case, and the development of the rash in the other. This is also an argument in favor of the doctrine advanced early in this article, for we cannot but suppose more energy in the capillaries at any period before death, no matter how weak might be the system, than after death, and yet the capillaries become distended after and not before, showing that in this latter state there is rather loss of tone than excessive action. There is one very singular form of the disease, where the person suffers comparatively little distress and is hardly conscious of danger, but looks pale and is very feeble. Such cases are apt to be of the most dangerous character; there seems to be a narcotic effect produced by the poison, for the sensibilities are not to be aroused even by the most

powerful stimulants. There is another though not dissimilar form attacking very young infants, respecting which, as little has been said by authors, we will make a few passing remarks.

Infants at the breast are less liable to attacks of scarlatina than older children. Billard says, "Although it is extremely common at the *Hospice des Enfants Malade*, it is very rare at that *Des Enfants Trouvés*." The first case of this description which fell under my care, gave me no little trouble. The infant was about six months old: there was no appearance of eruption, and the symptoms were rather those of influenza, being particularly perplexing, as that disease was then epidemic, and audible symptoms of bronchitis were easily detected by the ear applied to the thorax; yet there was a peculiar waxy appearance of the skin and puffiness of the face and arms, which convinced me that there was something more. A mustard bath developed the rash. We cannot in these cases, where a correct diagnosis is so desirable, draw any inference from the papillæ, for the mucous membrane of the mouth and fauces has not yet become involved. But there is a thick white fur on the tongue, unlike what we should look for in influenza, and this peculiar whitish puffiness of the face and arms, particularly the hands, which once seen will not be easily forgotten. It has a slight tinge of yellow, probably depending on the effused serum seen through the transparent skin. This is soon followed by defluxion from the nostrils. Sore throat is not always detected in these little ones, though a redness may frequently be seen from the first. Usually in three days or a little sooner, the tongue clears off and you have the inflamed appearance of scarlatina. So far as my observation goes, the disease proves very severe when it attacks in this manner very young infants.

I would also draw attention to the cases where there is a remarkably vivid rash; these I have found almost equally bad with those where there was none. Graves states, that in an epidemic at Dublin, most of the worst cases had a general and intense efflorescence. At first view we should be inclined to think that there was violent action, the pulse in children not unfrequently beating 130 or 140 in a minute. But it is a pulse of irritation, such as accompanies a burn or erysipelatous fever, bearing direct depletion badly, especially in an epidemic season; which latter circumstance always points out a more careful use of evacuants and generally an earlier resort to tonics. I cannot forbear mentioning the case of a lady in my neighborhood. Violent symptoms of cerebral disease were developing themselves, to restrain which, a few leeches were applied with great caution, and yet a fatal collapse rapidly followed. To what can this remarkable redness of the integuments be owing? May this problem not have its solution in this manner, at least in part? The external air acts upon the blood within the tissues, for we know that it thus acts through other tissues of the body, and the same supposition has been entertained respecting the skin. Marshall Hall states that he has noticed that organs are less inflamed according as they are deeper seated, or at least appear so on *post-mortem* examination, the external parts present a brighter tint, and remarks that poultices, now beginning to be used in thoracic and deep inflammations, probably owe their efficacy



in considerable measure to their excluding the external air. In scarlatina, the blood seems almost spread out in the external layers of the skin, presenting a vast surface in almost immediate contact with the atmosphere. Knowing the remarkable effects produced by excluding air from the surface of the animal body, and the great diminution of heat thus produced, some advantage might possibly be taken of the suggestion. Smallpox is known to be less fatal if pustulation can be limited, and the disease seems not aggravated by the attempt to do this, as has been done by the French physicians, using for the purpose the *emp. vigo*. There is, it is true, a difference between these two diseases, for in the one absorption of pus renders the symptoms more grave, while there is nothing of this in the latter; yet as the disease in this latter case is not mitigated by the great efflorescence, its modification might sometimes prove useful. We cannot try the experiment on the lower animals, as we do not know that they have a similar disease, or one any way analogous; yet it would not be an uninteresting experiment, to see the effects of a layer of varnish spread over a limb or portion of the body. The great difficulty is, that we can rarely tell before hand what sort of a case we are to look for, and after the eruption has once come out there would be less chance for its modification. Such a layer has been found of some efficacy in erysipelas, a disease somewhat resembling scarlet fever. So, also, and more particularly, in burns. Little fear need be entertained of repressing perspiration, for the violent cases are rarely attended by such secretion, but by a most uncomfortable state of dryness of the skin.

Between a burn and scarlatina there is a most remarkable similarity, and I am surprised that it has not been more particularly noticed, for aside from the apparent similar state of the capillaries, there is much the same internal appearance. Dupuytren remarks that almost all cases of severe burn are followed by inflammation of the mucous membrane. Dr. A. G. Smith, of New York, who had many and almost unrivalled opportunities for seeing the effects of extensive burns, being stationed at Cincinnati, where many are annually brought, scalded by steam-boat explosions, states that *post-mortem* appearances always indicated mucous inflammations. One case came under my observation, where from an extensive burn genuine croup set in, which with the terrible cutaneous injury terminated rapidly the life of the person. In this case, however, the flames *might* have been inhaled, and I will not insist upon it as a case in point. Ulceration of the duodenum is known to be a not unfrequent result of this accident if severe. There is, moreover, the same rapid and irritable pulse, one hardly improved by venesection, though it has been occasionally proposed; the same excessive nervous irritation. These reasons lead me to think that a modification of the same external treatment might be useful.

Respecting the affection of mucous linings there are some points of considerable interest. When the skin is inflamed, we know that these linings are apt to become involved, sometimes perhaps by sympathy, and at others by contiguity and extension of similar tissue, this last having a

most marked influence upon the extension of inflammatory action. Inflammation of an hernial sac will spread into the abdomen, but a layer of effused and hardened lymph will impede and even stop its progress. Billard has shown, by a multitude of cases, this close connection between the two surfaces, and that the mucous membrane is generally affected in proportion as it is near to, or distant from, the free action of the external air, or its nearness to the tegumentary covering. The examination of scarlet fever cases, shows that the same rule holds true here also, for we find the mouth, nares, throat, larynx and pulmonary mucous membrane affected almost in the ratio of their nearness to the skin, modified only by circumstances connected with the organization of the several parts, as will be seen. In very young infants, the pulmonary mucous membrane is peculiarly disposed to take on diseased action; the larynx, also, is not apt to escape some marks of disease, and occasionally a genuine croup cut off the little sufferer as early as the fifth day; one little patient of mine, so attacked, died as early as the seventh. This case was accompanied by the most vivid eruption I ever witnessed. The eruption of smallpox is known to involve the whole internal surface as well as the external, and Leutaud has seen the eruption of measles upon the surface of the abdominal and thoracic viscera. We may suppose the same holds true in the disease under consideration, although it does not leave the same traces of its existence.

[To be continued.]

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DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Continued from p. 253.]

CASE X.—July 25. M. D., æt. 21. Patient was going up a ladder, the bottom of which had been placed on a box, and when near the top of it, the box tipped and he fell about twenty feet; the weight of his body came on the right foot which was turned outwards, producing a fracture and protrusion of the bone near the ankle-joint. The protruding bone was returned before entrance into the Hospital; considerable hemorrhage from wound.

On examination, find patient restless and complaining of great pain about ankle; the joint much distorted, foot turned outwards and resting on its inner side; from about three inches above right external malleolus, there is a fracture extending obliquely inwards through internal malleolus, the direction of which is indicated by a depressed line. About the external malleolus is a great prominence and fulness; a little upwards, is a rounded piece of bone, which seems to be a portion of the astragalus broken off, with its upper edge nearly protruding through the skin; this is moveable and about an inch long; a depression is felt between inner malleolus and lower part of the upper fragment of the tibia. The external wound, through which the lower part of the upper fragment of tibia protruded, is one and a half inches long; some hemorrhage continues. The

anterior tibial artery is uninjured ; the posterior cannot be felt, on account of the swelling.

After some extension of the foot with slight pressure on the tibia, the parts were brought into a little better position, though there was still great prominence at the external malleolus. Lint dipped in blood to wound.

26th.—Great pain in ankle yesterday, and most of last night, preventing sleep. Took two grains of opium with but little relief. This morning is more comfortable. Hemorrhage has ceased ; no increase of swelling about ankle. *R.* Sulph. magnes.,  $\mathfrak{z}$  vj. ; and repeat if need be. Leg to be flexed and placed on its outside. Six leeches along depressed line.

27th.—Pain continued through yesterday. Was restless and wakeful through night, and very thirsty. This morning countenance distressed, face flushed, respiration hurried, and with sighing ; some tremulousness of chest ; position of head changed frequently ; skin hot and dry ; pulse 120 ; tongue coated. Ankle and foot look badly, both much swollen, with yellowish vesications about inner malleolus ; inside of foot, near instep, marked with dirty-brown and purple patches. Great toe rather cold. *R.* Zinc. sulph.,  $\mathfrak{z}$  j., and repeat if necessary. Apply to foot compresses wet with creosot.,  $\mathfrak{z}$  j. ; aq. fervent., *Oj.* *M.*

28th.—Much relief after operation of emetic ; countenance became better. Some short naps during day. This morning lower part of leg dingy red, nearly copper colored ; immediately around and below wound integuments are purplish black, foot swollen and puffy. Pulse 116 and softer than yesterday. *R.* Tr. opii, gtts. x. ; spts. æth. nit., gtts. xxx. *M.* every two hours. Brandy and water occasionally. Add to wash, Tr. opii,  $\mathfrak{z}$  iv.

29th.—Pretty comfortable through the day. Slept well in night. This morning improving. Pulse 104. Tongue as yesterday. Skin more natural. Some pain in ankle ; distinct line of demarcation of mortified parts, running irregularly round and below wound, on inside of foot, for about three inches ; discoloration and swelling of leg and foot much less ; discharge of a thin, bloody fluid, rather offensive, from vesications and beneath lint. Toes and foot sufficiently warm. Continue medicine of yesterday every six hours ; poultice foot and ankle. May have ale, porter or wine ; also chicken broth.

30th.—General symptoms improving. Pulse 100. Tongue cleaning. Lower part of tibia prominent.

31st.—Internal saphena vein quite prominent, with redness just above knee. Purple vesications at external malleolus. Omit poultice ; apply about slough unguent. creosot.

August 1st.—This morning rather better. Pulse 80. Outside of foot red, swollen and œdematous. *R.* Tr. quiniæ, gtts. xl., thrice daily. (The above is a Hospital tincture,  $\mathfrak{z}$  j. of which contains grs. jss. of quinine.)

3d.—Slough, which is quite superficial, removed this morning. Foot still swollen and of a yellowish-brown color ; at the external malleolus is a very copious discharge of dark-colored pus from an abscess ; parts around exceedingly tender. About an inch of the lower part of the



tibia is exposed. Patient reports great pain at times. R. Decoct. cinchon., Oj.; tr. cinchon. c., ℥ ij. M. ℥ ij. every three hours. Beefsteak for dinner. Continue wine. Sprinkle chloride of lime on ulcer.

Patient continued improving in his general health daily; the foot and ankle were, however, in such a state that it was found impossible to save the limb. The tibia was exposed for more than an inch, great part of the foot was in a sloughy condition, and there was a large abscess near the external malleolus, and a free opening through the joint. Such being the case, it was thought advisable to take advantage of the patient's improved health, and remove the limb. This was accordingly done by the circular operation, at ten inches below the knee, on the 9th of August, at 11, A. M.

On examining the removed limb, a fracture was found extending from about three inches above external malleolus, obliquely through fibula and tibia to about one inch above internal malleolus. The lower fragment of the tibia was broken into three pieces; one on the fibular side was one and a half inches long and one inch wide at its broadest part, with a very sharp point; this piece was displaced and lay almost transversely over the astragalus, the other two pieces were not much separated.

Compresses dipped in cold water were applied to stump.

10th.—The flaps were brought together yesterday P. M., and secured by two sutures and emplastr. adhæsiv. This morning is quite comfortable, though stump is occasionally painful. Pulse 96. May have arrow-root and wine, with a little bread.

12th.—Doing well. Sutures removed this morning. Some discharge from stump.

20th.—Is up and walks about daily with crutches.

September 9th.—Wound healed. Discharged well.

CASE XI.—July 17th. J. F., æt. 40. Patient was at work, painting a house, about thirty feet from the ground, when the frame on which he was standing gave way and he was thrown down, striking on his feet; by report the end of the tibia protruded through the skin, two or three inches.

On examination, find patient a large man, six feet four inches tall, weighing about 200 pounds, and at present somewhat nervous and agitated; left foot inclined outwards, but readily replaceable in position; foot and lower third of leg much swollen; a deep wound, four and a half inches long, extending from tendo-Achillis obliquely across inner ankle. From motion and rotation of the joint it appears that not only the inner malleolus but the whole of the end of the tibia has been dislocated and protruded through the opening; the end of the tibia feels rough, but there is no evidence of fracture either of this or of the fibula. But little hemorrhage. Cover wound with lint soaked in the blood. Lay the limb on a pillow.

19th.—Has been tolerably comfortable since accident, having suffered but little pain in the ankle; the foot retains its natural position without support.

23d.—Limb begins to be more painful. Wound discharges through lint. Let the lint remain, and cover the whole with simple cerate.

25th.—Yesterday in P. M. was attacked with shivering, headache, nausea, thirst, heat of skin and excessive pain in ankle; some redness about wound. Pulse 110. Took ipecac. gr. xxx.; submur. hydrarg., gr. v., M., and had poppy fomentations applied to ankle. Vomited twice with relief. Slept a little. This morning reports better, with the exception of headache. Pulse 96. Erysipelatous blush about ankle. No dejection yesterday. R. Pulv. antimonial., submur. hydrarg., āā gr. iv. M. In P. M. an enema if necessary. At night, R. Pulv. Doveri, gr. x.; pulv. antimonial., gr. iij. M. Apply compresses to ankle dipped in Acet. plumb., grs. xxxv.; aquæ, ℥ iij.; tr. opii, ℥ ss. M.

26th.—Suffered much pain during day and night; is nervous and restless, moaning most of the time. Discharge from ankle increasing and rather offensive; adjacent parts swollen and œdematous. Remove emp. adhæsiv. R. Pulv. Doveri, gr. x., to night.

27th.—This morning more erythematous appearance about wound; discharges sloughy and offensive. Tongue cleaner. Pulse 88. Creosote wash to ankle and foot (3 j. to Oj.) Broth ℥ iv. for dinner. R. Tr. cinchon. c., 3ij.; aquæ, ℥ j., M., every four hours. Acid drinks.

28th.—Free discharge from wound; less offensive; granulations appearing at the two extremities of the wound; redness rather less. Add to medicine of yesterday, tr. s. quiniæ, gtts. xl.

30th.—Nervous, moaning and worrisome as usual. Countenance this morning worse. Erysipelatous blush extending up the fore and back part of leg. Omit quinine. R. Potass. nit., gr. xij.: pulv. Doveri, gr. ij., M., every four hours.

31st.—Distinct fluctuation in swelling about instep; a small opening has appeared near external malleolus, through which pus flows freely. A few small bony particles came from wound at inner malleolus this morning. May have wine, ℥ iv. and beef tea for dinner. Place leg in a fracture box partly filled with bran.

August 1st.—Abscess forming about ankle.

2d.—Last night slept very little. This morning countenance very desponding. Leg feels quite doughy at its lower part. Discharge at external malleolus free from two openings, about which the cuticle is removed. Original wound more sloughy and offensive. Fluctuation on instep more superficial and extending towards external malleolus; one small gangrenous-looking patch near it.

3d.—General symptoms much the same. Discharge continues very free and offensive from the openings at the external malleolus, and also from the abscess about instep. R. Decoct. cinchon., Oj.; tr. cinchon. c., ℥ j. M. ℥ ij. every three hours. Wine ad libitum.

5th.—Another opening, which discharges freely, at the upper and inner side of foot.

6th.—Swelling almost gone from leg and foot; skin in folds and rather dry. Original wound improving in appearance.

12th.—Continues much the same. Discharge from all the openings free. May have ale, Oj. daily.

15th.—Still very desponding, with an anxious countenance. Probe introduced into opening near external malleolus, touches denuded bone, and can be passed thence down through opening on upper side of foot. A counter opening was made to-day in middle of this sinus. Omit all medicine and ale. R. Quinæ s., gr. ij. thrice daily. May have wine,  $\frac{3}{4}$  viij.

24th.—Openings on foot contracting; discharge much less. On raising foot, crepitus distinctly felt around joint.

September 5th.—Some cough, with bloody expectoration. Fine crepitous râle about base of left scapula. R. Pil. scillæ comp. thrice daily. Omit quinine.

Patient at this time had a slight attack of pneumonia, which was treated in the usual way, and lasted till the 13th, at which time he was relieved.

13th.—Integuments about heel beginning to slough. The leg was suspended by strips of bandage from the knee to the foot, passing under the limb and attached above to a fracture cradle.

22d.—Slough separating from heel, laying bare the os calcis for two inches.

The foot continuing to grow worse, and the general health failing, it was thought improper to persist in any further attempt to save the limb; accordingly, on

October 4th, the leg was removed by the circular operation, ten inches below the knee.

On examination of the parts removed, the joint was found entirely disorganized, being filled with pus; no evidence of any fracture was discovered, but the end of the tibia and the top of the astragalus were rough, the cartilage having been removed by ulceration.

Compresses dipped in cold water were applied immediately after the operation, and in the afternoon the flaps were brought together by sutures and adhesive plaster.

Since the operation the patient has improved steadily, with the exception of a few days that he labored under an attack of bronchitis. At the present time, though the patient is still in the Hospital, the wound is nearly cicatrized; he walks about on crutches, and is gaining strength and flesh daily.

[To be continued.]

#### VACCINATION IN SIAM.

[READERS of the Journal will perceive, in the various communications from Dr. D. B. Bradley, the indefatigable and conscientious American missionary physician in Siam, that he has made extraordinary exertions to introduce and continue vaccination in that singularly-organized kingdom, where smallpox has been the terror of the country for a long period, and swept off annually vast multitudes of people. With a view to placing before the profession a history of Dr. Bradley's praiseworthy efforts in this laborious work of benevolence, it is necessary to publish all his letters.



Coming sometimes by sea directly to America, and occasionally by the overland route, and ultimately reaching Boston by the way of England, they do not always reach here in the order of their dates, and sometimes several letters are received at once, as is now the case. However, we are unwilling to lay aside anything which Dr. Bradley may write on this subject, because he is laboring to solve a great problem, of incalculable importance to the inhabitants of that far-off section of the world where he is stationed, while he is at the same time enlarging the boundaries of medical knowledge.]

*Bangkok, February 20th, 1845.*

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I wrote you on the 14th of September last,\* giving some account of my successful propagation of the kinexox from a parcel of scabs, which you sent me in the latter part of the year 1843, and which came to hand about nine months after it was despatched. I am happy to inform you that I am still, by the good hand of my God upon me, carrying on the good work which had its beginning in a single pustule on the 7th of August, but has now become as a swelling river. I find, on referring to my note-book, of all the cases in which I have inserted the vaccine virus since then, that there are more than one 1000 of them marked as successful. This number does not include any of whom I had any doubt. The whole number on whom I have operated for vaccination, as noted in my book, is 1617. Among the 617 cases that are not marked as successful, there will probably be scores that time will prove to be secured thereby from smallpox. Almost all these supposed failures occurred previous to the first of December. It was not without the greatest difficulty that I was enabled to preserve the vaccination through the wet season. This difficulty was of two kinds:—1st, Opposing influences in some one or more of the elements; 2d, the opposition I met with in the indifference and the bitter prejudices of the people. Many a week I have had only one or two successful cases out of twenty or thirty operated upon. Often has my heart sunk within me, as I went around from week to week, to look after those in whom I had inserted the virus the week before, and could not find a single pustule with which to cheer my hopes, until on the very point of giving up the work as lost, the Lord in my extremity has taken up some child, that I had overlooked, and set him before my eyes, a fair case from which I might vaccinate. Language cannot describe how my heart has overflowed with gratitude, on such occasions, to my superintending and faithful God.

The causes of the many failures from August to December, are, I doubt not, in some way connected with the rainy season; for when the virus began to take in August, and when it took with a good degree of promptness, the rains were not abundant. But as we approached the dry season, which begins annually about the middle of November, the rains became very abundant, so much so that great fears were entertained that the whole country would be flooded. I found the greatest opposing influences from the elements in the month of October, and the first part of November,

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\* See Vol. XXXII., p. 400.

when the air and the earth were excessively charged with water, and when the electrical influences were in great commotion. But as soon as these phenomena passed away, the vaccine virus gradually became more and more quick and sure, until in December, January and thus far in February, it has taken in almost every instance with but the slightest insertion of it, and that without any plaster to protect it. Since the middle of November, we have scarcely had any rain or lightning. I suspect the difficulty arising from the elements, of which I have been speaking, has more to do with the state of electricity, than with moisture. I judge so from the fact that I have sometimes been more successful in vaccinating in the midst of the most copious rains, than at other times with less rain or even none at all, but with very marked electrical phenomena. I suspect that it will always be found to be very difficult to propagate the kine pox in Siam during the latter part of our wet seasons, answering to September and October. This work, which I have now had in operation more than seven months without interruption, would have been all cut off many times over if I had not had several sets of subjects on hand at all times, and such as had been vaccinated from several different persons. I have little confidence that any native or set of natives of this country, will or can be induced to bestow all the care to keep vaccination a-going during the wet season, that I did the last wet season; and I feel sure that without every item of that care, it can never be carried through the opposing influences. So great were my efforts during that season, and so exhausting to my constitution, that I can scarcely think of going through the same process again, even though I could satisfy myself that it were wise to take so much time as it demands from proper missionary work. Hence I would request you to continue to send me packages of vaccine virus regularly as you have done, that when this which I have now in operation runs out, I may begin anew from that which you shall send me.

During the wet season, I took every precaution to preserve a quantity of virus on points from week to week, in sealed phials, so that in case I could not find a subject to vaccinate from, I might have a hope in resuscitating the work with that. My plan was to put a few dozens of strongly charged points into a small phial, which I closed with sealing wax and then imbedded the phial in a block of wood and sealed that also, and put it in a dark and dry place. After this manner I put up some dozens of phials, taken during almost as many weeks. But at length on experimenting separately with these points, I found that I could not make one of them produce the genuine vaccine pustule. I have hence concluded that they have little if any power remaining in them, notwithstanding all my pains to preserve them, and think that the scabs I receive from you will probably afford me a far better hope of renewing the work of vaccination, in case of its being cut off, than any matter that I can preserve here. I have consequently given up the care of preserving the virus that is generated here, except as I can do it in a living receptacle, the human body. The phial of scabs from which I vaccinated successfully, and another lot since received from you, are still in careful keeping as a safeguard.

I have uniformly found it difficult to make the virus take from the point of a quill, although it be taken from the pustule on the same day ; and therefore it has become my practice to have always a fresh pustule to vaccinate from, whenever I perform the operation. I take the matter from the pustule on the two lance-shaped ends of an ivory stick, three inches in length, and insert it directly into three punctures in the arm.

Scabs from these pustules are quite out of the question to vaccinate with, as the decomposing power of the climate, or some other power, is so strong that they lose all their vitality while in the process of formation. Even the scabs of smallpox are quite inert. I have often tried in vain to produce smallpox from them. To what shall this inertness be attributed, if not to the decomposing power of this climate?

[Some further remarks under this date are reserved till next week.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 5, 1845.

*Beechism.*—That there may be nothing wanting by way of variety in Boston, a certain Dr. Beech, who hails from New York, was lecturing last week at the Marlboro' Chapel, on what he was pleased to call *the reformed system of medical practice*. He is the author of a book explanatory of his individual views, which are essentially different from those of the regular faculty, and are designated Beechism by his followers and others. A great part of the introductory remarks on the evening we were present, had reference to laying a foundation for the sale of the volume alluded to, which he triumphantly held up to a singularly miscellaneous audience. Dr. Beech intimated that he had received certain great attentions from various potentates of Europe. So would a tinker, had he forwarded a tin kettle to the same courts, since it is royal etiquette to make proper acknowledgments to those who fawn upon their shadows. There were other preliminary observations, obviously intended to impress the idea on the minds of the astonished listeners, that a tremendous medical revolution had been brought about by their friend and benefactor, the speaker, which, Napoleon-like, made the old school physicians—that is, those who really know anything—tremble for their bread and butter. Finally, the proper business of the evening fairly commenced by lecturing on ipecac. Either the subject, or a transparency which exhibited the plant to the life, was too nauseating for a mixed assembly, as many quietly walked out. A vast variety of topics were to be discussed, but how many of them were methodically disposed of, is only known to those who valiantly remained to the last. A manakin, pictures of skeletons, together with a verdant exhibition of painted medicinal plants, constituted the side scenes of the show.

From various sources, and for years too, we have heard of Dr. Beech—through his disciples, however, more than by other channels. On hearing and seeing the gentleman laboring in that Omnium Gatherum Hall, where all sorts of ordinary and extraordinary persons take turns in reforming



the world, we came to the conclusion that the speaker was a respectable man as to talents, though without any claims to distinction on the score of originality. It is a shameful waste of words for one to pretend, in this quacking and bequacked age, that he has nothing but the absolute best interest of all mankind at heart, in placing himself at the head of a medical reform like this, and that he has made prodigious sacrifices, and is willing to suffer more, if he can convince a stupid race of mortals that their humble servant is a-kin to the god of physic. The poet anticipated the canting hypocrisy of such benefactors, in two immortal lines of doggerel.

"The people have all patriots grown—  
They talk of public good, and mean their own."

Beechism, we apprehend, though in some respects preferable, is as far from being perfection as Thomsonism, Grahamism, pathetism, animal magnetism or any other modern ism. Its inventor, by pursuing a course of action in accordance with modern science, might have had a higher position in society, and achieved more for himself and posterity, than in stemming wind and tide in a leaky ship that must inevitably go to the bottom the moment he leaves the helm to other hands.

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*Climate and Diseases of France.*—A Massachusetts physician, now in Paris, has transmitted the following observations on the general character of the climate of France. About the middle of September the weather is unusually pleasant—reminding one of the first days of June in New England. This fact is mentioned, as most people are interested in the subject, and our feelings and happiness, in some degree, are dependent upon the vicissitudes of the weather. The winters in France are shorter and milder, and more equable, than at home; there is also less snow, and what falls remains but a short time. There is but little rain; yet to offset that, the sky is clouded six sevenths of the time, while the bright sunshine, which makes the charm of an American winter-landscape, is not seen. Acute diseases, which prevail with us during the cold weather, are just about as frequent in France, as far as can be judged without reference to statistical tables. The spring opens earlier than in Massachusetts, and the change from cold to heat is more gradual. Rain and sunshine alternate with each other, and render an umbrella indispensable. The distance from the ocean, in Paris, prevents the changes of temperature which are the plague of nervous persons and invalids on a change of wind in New England. The summers are comparatively rainy, cool, and with very little of intense heat. There are but few days when a walk in the shade at mid-day is not bearable. As with us, the autumn is the finest part of the year, with bright sunny days and cool bracing air. The mass of the people have an appearance of health, unknown to us; the women we should call buxome, having a comfortable air of good health. This is more marked in the females than in the males, although the latter are comparatively healthy. A sallow, shrunken Frenchman is not the representative of the nation. Headaches, dyspepsia, and the small bodily ills, are less frequent than in the northern States—owing partly to the mode of life, but more to climate.

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*Elements of Therapeutics and Materia Medica.*—By the express messenger, a copy, in two volumes, octavo, of a handsomely finished work,

under the name of "Elements of Materia Medica and Therapeutics, by John P. Harrison, M.D.," of the Medical College of Ohio, has been received. One of the first thoughts, on opening the leaves, had reference to the commendable efforts making at the West, to give character to the science of medicine. Short of fifty years ago the queen city was unknown. Now it is the seat of learning, the residence of men of great mercantile enterprise, and the focal point from whence radiates both knowledge and refinement. Medicine, ordinarily, in new countries, does not make the progress that appertains to other sciences; but in Ohio, the common order of things, in this respect, has been reversed. Not content to be the teachers of science in the College, the medical professors in the School at Cincinnati are sending out their treatises to be circulated over the world, to influence public opinion, and to surprise the inhabitants of older countries everywhere, with the energy, thrift, and indomitable perseverance of the medical talent of the West.

Within a year or two past, three important medical books have been published at Cincinnati, two of which were illustrated by beautiful colored plates.—But we are compelled to postpone the subject of Dr. Harrison's labors to another week.

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*Medical Schools in New York.*—A strong impression is abroad, that the New School of Medicine, as it is termed, will gather a much larger class the present season, than in any former year since its organization. On Monday, Oct. 27, the term commenced, it is reported, under favorable auspices. With the talent and medical reputation appertaining to some of the gentlemen holding professorial influence in the school, it would be strange indeed if they did not gather increasing numbers around them, from season to season.

In the old College of Physicians and Surgeons of New York, there is every facility known to modern times, for educating practitioners in the best manner; and a board of faculty, often weighed in the balance of public opinion, but never found wanting. We are prepared, therefore, to hear that both schools have matriculated more students than on any former occasion.

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*Wood converted into Iron.*—A patent has been secured in England for converting wood into what may be called metallized wood. Timber, of any dimensions, having been shapen and adjusted, as required for any purpose, is introduced into an immense iron cylinder. By machinery, it is quickly exhausted of air, and a solution of sulphate of iron is thrown in, which instantly fills the pores of the wood. Being soon after withdrawn, the timber, thus charged, is placed in another vacuum, in which is thrown a solution of muriate of lime, which, on coming in contact with the iron already in the vessels of the wood, decomposes it, and forms an insoluble sulphate of lime, or gypsum. Thus, the sticks become about as hard as stone, are prodigiously increased in weight, and for railway sleepers, posts of bridges, mill-races, &c., must endure for ages. This process cannot be very unlike the lost art of converting flesh into stone. Those who have access to large air-pumps—such as may be found at Mr. Chamberlain's large philosophical-instrument depot, in this city—might conduct a series of experiments analogous to those performed on wood, and perhaps bring

about results not only entirely new, but striking in their character. Facilities are now abundant for carrying on a series of investigations into the art of lapidating the bodies of animals.

*Health in Mississippi.*—A letter from Dr. C. S. Magoun, of Woodville, Mi., under date of October 15th, says—"We had a light frost last night, for the first time this fall. No sickness is prevailing, and consequently we now expect none for this season. This year, thus far, has been one of unusual health. My practice has only been about one fourth of what it was last year up to the same date. The months of August and September were as healthy as any months I ever knew since residing in the State. Some few cases of congestive fever have occurred, and most of them prove fatal before any medical aid is procured. I have been fortunate enough to lose no fever patients this season, and it is a fact, strange as it may appear, more deaths invariably occur in the winter than during the summer. The summer attacks are generally controlled by art; but such is their force on the constitution and general health that the sequelæ which follow carry off the patient, with pulmonic disease, visceral obstructions, &c. Dropsy is quite common here as a sequela of other diseases. This disease proves fatal in almost all broken down constitutions."

*Medical Miscellany.*—Dr. Ruschenberger has prepared a work on the Elements of Geology for the use of schools and colleges.—The petrified body of Mrs. Morrison, who was buried at Berthier, Canada East, in 1824, and exhumed in June, 1844, is to be exhibited in Boston the present week.—No. 3, of the new series of the American Journal of Pharmacy, which should have the patronage of all apothecaries in the Union, fully sustains the character of the work.—Rev. Mr. Hervy is now residing near Utica, N. Y., who is 111 years old, and in good health and spirits.—The appointment of Surgeon to Queen Victoria's yacht William and Mary, vacant by the retirement of Mr. Edwards, has been given to Mr. M'Cormick, the adventurer to both poles, he having accompanied Sir Edward Parry to the north, and Sir J. C. Ross to the south.

TO CORRESPONDENTS.—Dr. Allen's paper on Aneurism cured by Pressure; Dr. Chandler on Puerperal Fever; Dr. Leonard on Homœopathy; Remarks on the same by "A Looker On"; Prof. Mussey on the Bi-Lateral Operation in Lithotomy, &c.; and Dr. S. A. Cook on Vaccina, have been received. These, as well as other papers already commenced in the Journal, will be disposed of as early as space will allow.

MARRIED.—At Darien, Conn., Dr. Robert H. Lockwood, of Stamford, to Miss Mary J. Waterbury, of Darien.

DIED.—Douglass Houghton, M.D., late Geologist of Michigan, drowned near Eagle River, in Lake Superior, during a snow storm.

Number of deaths in Boston, for the week ending Nov. 1, 52.—Males 25, females 27, Stillborn, 7. Of consumption, 17—sudden, 1—convulsions, 1—infantile, 4—dropsy on the brain, 2—croup, 1—dropsy, 1—brain fever, 1—typhus fever, 4—delirium, 1—inflammation of the lungs, 2—murdered, 1—scarlet fever, 1—inflammation of the bowels, 1—childbed, 3—accidental, 2—diarrhœa, 1—dropsy of the chest, 1—abscess, 1—hemorrhage, 1—debility, 2—marasmus, 1—lung fever, 1—old age, 1. Under 5 years, 15—between 5 and 20 years, 7—between 20 and 60 years, 28—over 60 years, 2.



*The Epidemic Constitution of the Year.*—This is a subject truly important to be known in the diagnosis and treatment of disease. Dr. Siebert, in his “Art of Medical Diagnosis,” justly ridicules the partial views of those pathologists who see an inflammatory, a rheumatic, a catarrhal, gastric, nervous, &c., genius according to their preconceived notions; he is only surprised that they have not discovered a sanguineous, or osseous, or serous constitution. The fact most generally recognized, is that the predominant constitution or genius attracts all other diseases to itself, and impresses upon them its own type. But what is the cause of the predominant constitution? Dr. Siebert, in common with the majority of enlightened practitioners, looks for it in the meteorological changes proper to climates and seasons. Different climates have each their permanent “constitutions”—so have the seasons. A cold, dry winter is as assuredly marked by inflammatory affections of the lungs, as by depression of the thermometer. Dr. Siebert enumerates several analogous instances of the seasonal recurrence of disease. The truth we think is this, that the meteorological changes determine a predominance or cessation of action in special organs, and it is these functional changes that determine the epidemic constitution just as they determine the individual constitution. Only in the latter case the functional activity or repose is permanent or alters only with age; in the former it alters with every great meteorological change.—*British and Foreign Med. Review.*

*Convulsions in Infants.*—We have collected 41 cases of convulsions of children at the breast, in 27 of which the cases were idiopathic, in 14 symptomatic. Fifteen of the children, in whom the convulsions were idiopathic, were attacked by them in the midst of perfect health, and recovered without any ill result; 4 died several months afterwards of other diseases, and an examination did not disclose any important changes in the brain. In 12 the convulsions occurred in the course of other diseases which were serious from their commencement, or at the close of pneumonia, or in the course of erysipelas, or of the fever that attends the development of the vaccine vesicle, and 7 of them died. Only 1 of them, however, presented any morbid appearance of the brain, which consisted in the presence of a tubercle surrounded by unchanged cerebral substance, in the centrum ovale of Vieussens on the right side. This summary is very interesting; it shows most positively that convulsions may occur, 1st, in the midst of perfect health; 2d, during the course of acute affections, in which it seems to be analogous to delirium; 3d, that there does not exist any relation between convulsions of certain parts, and particular tissues of the nervous centres; since it appears from our autopsies, that the encephalon of 10 out of 11 children who died at different periods after convulsive seizures, presented no morbid appearance whatever.

The cases of symptomatic convulsions were caused six times by granular meningitis, twice by simple meningitis, four times by encephalitis with and without tubercles, once by real, idiopathic, acute hydrocephalus, and lastly in one instance by cerebral tubercle without inflammation of the brain.—Dr. E. BOUCHUT on *Diseases of Infants.*

Dr. Henderson, of the University of Edinburgh, has adopted the homœopathic system of practice.

## DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 277.]

THERE is another particular respecting the internal affection which is deserving of more than passing notice. Why is the throat so often and severely attacked? It is so universal, that it may be said to be the least changeable of all the symptoms, the one to be most surely depended upon. We are referred to the specific action of the poison. This explains nothing, unless the word specific is fully understood, and it is by some considered as a sort of fiat of the Creator, that such and such results should follow without any adequate cause. We are not to believe that a specific in medicine, is one acting by a general law, always fixed and unvarying; there is no specific, but a relation between agents and the body, constantly varying with the changes of the latter.

A medicine, or a poison, in which latter class we of course place the morbid cause of fevers, enters the system, but does not when acting constitutionally seize on a particular part of the body, as an intelligent agent would do. Some medicines taken, act locally at first, and secondarily in consequence of their primary effect upon the general system, as a purgative for instance. But my remarks are meant to apply to medicines operating locally, having been constitutionally applied, as senega. Now a medicine or a poison thus acting, whether through the blood or through the nervous system, must have a tendency to affect all parts of the body, nor could we tell, *à priori*, whether it would act on this or that organ, except on trial; but having obtained a little knowledge of the article, we may make a guess as to its operation in other cases. Knowing that a substance is emetic, we can come very near its general action on the skin, bowels, heart, &c. Medicines, in all probability, act upon the various parts of the body by producing changes by direct contact. Lytta produces strangury when introduced into the system, by one way or another. Tart. nt. inflames the stomach when injected into the veins, as well as when swallowed. Quinia is equally effective, given endermically, by the mouth, or the rectum. Liebig has thus shown the combination of morphine and arsenic with the tissues, so that knowing the amount of animal tissue a given amount of arsenic is capable of combination with, so as to resist the chemical changes requisite for life, he can determine with some accuracy the amount necessary to produce death. It is difficult to prove

the same respecting poisons acting with the rapidity of hydrocyanic acid, but my own opinion is, that it thus acts, since the venules are so rapid in their work that it may be detected in a minute or two in the blood. Every organ in the body has some peculiar duty assigned it, and to perform this duty has a different endowment both as regards organization and vitality. The gland secreting urine must possess certain attributes not possessed by a gland secreting saliva, though this galvanoid property seems sometimes capable of migration, under extraordinary states of the economy. It is this different constitution which renders an organ more or less susceptible of the operation of a medicine; the same medicine may possess one action on one organ, and a totally different one on another. Digitalis acts as a sedative to the heart, but a stimulant to the kidneys. Changes are produced by the medicine upon the circulating fluid, such that when passing through the system there is little or no relation between the organic particles and the medicinal substance, unless the fluid passes through some organ with whose peculiar action the changed fluid now has some vital, or more probably, chemical connection. We are then to look after the difference between such organs before we can learn the cause of specific action. We shall unquestionably find the chemical constitution of the agent if a medicine, is peculiarly related to the chemical constitution of the organ. The vital power we know little about, and although existing, we are every year hearing less of it in the explanation of phenomena.

There is another mode of explaining this apparent specific action on the throat. We know that the lungs are much disposed to take on inflammation, from their being most exposed to rapid changes of temperature, especially at the time when the body is beginning to lose its vigor with advancing age. The great extent of intestine in children, and improper ingesta acting upon these, are the exciting cause of bowel complaints at this age. May there not be some such disposition of parts, which peculiarly excites the inflammatory action in the throat, in the disease now under consideration? We may take the first hypothesis, and call it specific in the sense explained, or take the latter, which suits me much better. Billard has shown the connection between disease of the skin and mucous membrane, and we find the red and fiery tongue fully illustrating it, not as anything specific, but a genuine inflammation from continuity of tissue. It is well known that parts exposed to the air take on inflammatory action more speedily than those protected, and the care nature takes to speedily cover an exposed surface with a scab, shows her appreciation of the fact. The little excitement attending sub-cutaneous tenotomy is a still stronger proof of the same thing. We have in the throat a combination of causes sufficient to explain this phenomenon, without being obliged to rest in anything more specific. Anatomy tells us that there is in this region a great development of the mucous membrane, necessary for the purposes of more freely lubricating the part and to permit greater distension; there are two arches of the palate, containing between them the amygdalæ, a congeries of mucous follicles intimately adherent to the mucous membrane, which sends numerous processes between them;



the tissue is also particularly relaxed, thus allowing the tone of the parts more easily to yield to external or exciting causes. Dr. Mott has remarked respecting amputated stumps, that if the flaps are loose and do not fit snug, sloughing is extremely apt to follow; the same thing here permits sloughing quickly to ensue. Moreover, the parts are situated so that they are constantly receiving a fresh current of air, the oxygen of which must necessarily exercise a powerful influence upon them. For these causes there is no part of the body more frequently inflamed, not even the bronchial linings, to which the same remarks hold good. It is true the parts are fitted to do their duty, but disease unfitting the whole system, allows ordinary causes to produce effects which in a state of health would never have been produced. The poison of scarlet fever is eminently exhausting, eminently predisposing to inflammation, more so even than that of ordinary fevers, and it always follows severe cases unless death anticipates its development.

Respecting the acrid discharge from the nostrils, all agree that it is a very bad symptom; it arises from the inability of the fluid to descend behind, from the swollen state of the parts, and from the anterior portion of the schneiderian membrane becoming involved. Nature attempts to relieve herself as in what is called a cold in the head, but the diseased blood and abnormal action of the membrane causes a secretion so acrid, that the face, unless protected, is excoriated. The same fluid is abundantly able to excite diarrhoea or croup if applied, as it easily might be, to the digestive canal or the tracheal membrane.

Thus far we have not had much difficulty with the disease, but in examining its treatment we shall have more to say respecting certain points which have been the cause of great differences among physicians. We are to understand that it is a disease essentially prostrating, and we are to obviate this tendency. This opinion has been steadily gaining ground against the advocates of a different practice, and notwithstanding the failures of those who acted on the Brunonian system, but without a proper knowledge of the methods of subduing inflammatory symptoms, or the *modus operandi* of remedial agents. I have seen many carried off in a severe epidemic by too antiphlogistic a course having been pursued, while a different one, or even no treatment at all, was sufficient for cases equally bad. A gentleman, after losing many of his patients in rapid succession, candidly said that he thought he had pursued the antiphlogistic course too far, yet he deservedly holds as high rank as a scientific physician as any man in the State. It wholly arose from not properly appreciating the nature of inflammation. The same epidemic presented no uncommon difficulties to others of the profession. Having a true view of the case, we shall be the better able to guard against the two dangers.

Before entering upon the treatment, we must refer to a few peculiarities by which the general course of the fever is disturbed. There is no disease which has presented itself under more phases than scarlatina, but it assumes these in common with other disorders under epidemic influences. We know that under one constitution of the season there will be found

symptoms of gastric derangement in acute disease, the taste bitter, sense of weariness, tongue loaded with a thick white or brown fur, costiveness or diarrhoea. The constitution changes slowly, and we have a different state of action, full pulse, red tongue; cases demanding what is called an antiphlogistic treatment. Again we have a season when all diseases demand either a total abstinence from all depletion, or a ready use of tonics or stimulants. Bearing this fact in mind, we shall be enabled to account for the success of particular remedies at particular times, which, not acting upon the general disease, possess no property which ensures future usefulness, but which by relieving some complication or train of symptoms, have for that particular period been crowned with success; for the more sound we can keep several organs, the more chance has Nature in overcoming the disease in the remaining.

In the first place, it is a disease which cannot be cut short. I believe a definite time is requisite for the depuration of the system, but its course may be greatly modified. It has most essentially contributed to modern success in fevers, that physicians have renounced the idea of cutting them short, unless it may be slight inflammatory fever. By pursuing a contrary course, I doubt not more patients have been cut off than fevers. It is by *ameliorating individual symptoms*, combined with a judicious regard to the whole economy, that we are to hope for success. This we may truly say has divested typhus of its terrors—thanks to the genius of France and the practical talent of Great Britain. Do we, then, possess any agent capable of ameliorating the future progress of the disease? I think we have one. Whenever called to a case, unless there is something to contra-indicate, I always administer an emetic of ipecac., or this and antimony. Withering, one of the earliest and best writers on this subject, speaks of the emetic in the highest terms, saying that it seldom failed to cut short the disease, or if the capillaries are injected and the system feels the effects of the poison, it removes the anxiety, faintness and delirium. Other early writers state that they broke up the disease, but that it came on again a few days after. Almost all writers, from that time to this, laud emetics as extremely useful. I have had much more reason to regret their non-administration, than their too free use. Undoubtedly they are more advantageous at one season than another; when there is great gastric disturbance with foul tongue, they will prove doubly so, but no general remedy will be found more universally applicable. An epidemic once prevailed in this State, during which an empiric was very successful, his treatment consisting in an heroic emetic of saltpetre and bloodroot; the disease was then left to itself, excepting the use of an astringent drink and gargle. The physiological effect of the emetic will be passed over as a subject, trite, and as well understood as I could explain. It is, however, to be borne in mind that the existence of great nausea and vomiting do not contra-indicate its administration, unless there is pain on pressure over the epigastrium. This nausea, as was stated further back, is dependent upon nervous lesion in the brain, perhaps congestion, or a state resembling that following concussion. Here I have found emetics answer equally well, and by removing the cerebral dis-

turbance, have relieved the stomach also. The rash will frequently be seen rapidly appearing after this concussion of the system.

It is generally considered a matter of great importance that there should be a complete efflorescence, and there is no doubt that, as a general thing, it is well that it should be pretty well developed: but it is also true that there should be a proper relation between the several phenomena of the fever; if any of them are too strongly marked, it is apt to interfere with the regular and safe progress of the disease. Still, a bright, intense scarlet, in one unbroken sheet, I have ever found a bad symptom, and, as has been stated, Graves remarked the same during an epidemic at Dublin. The more common state, however, requiring treatment, is that, where there is no efflorescence, either from its not having appeared or having receded. The emetic often hastens its appearance, and I have seen it come out after a draught of cold water. When there is no eruption, there is extreme danger of congestions, though this is not always so, and we must attribute death to some other action of the poison. The putrid sore throat not unfrequently assumes this appearance, running through the whole disease without any efflorescence. In this congestive form, there is nothing, the emetic excepted, and this hardly so, which is equal to *stimulating external applications*; they are not properly appreciated, though commonly advised. I have seen an eruption speedily appear, having its limit exactly marked by the height of the bath. In the Medical Examiner, Vol. III., page 467, are some most interesting remarks of Dr. Clutterbuck, before the Medical Society of London, on this subject. In a bad epidemic, he found stimulants bring up the pulse, but it soon fell, and nothing then did any good. After losing one or two members of a family, he ordered a mustard bath for another, presenting equally bad symptoms; by mistake, several pounds were put in, and the smarting soon became intolerable. After being in about five minutes, the skin was reddened and the rash covered the body. Dr. C. found mustard, thus applied, afterwards of much service. I have been told that a physician, somewhere in this State, saved a child, after all hopes had been given up, by enveloping it in cloth spread with mustard paste. I wish to recommend the mustard bath, and advise that it be made much stronger than is commonly the case. *Carb. Ammonia* will be found extremely useful, when there is great diminution of sensibility, with a pulse small and scarcely perceptible. *Musk* and *camphor* are also worthy of attention.

Before speaking further on bleeding in scarlatina, some remarks having been made further back, I would say, that we treat this disease too actively by internal agents, even in malignant cases, exceptions being made. The mild cases do very well of themselves, and it becomes us to be very careful in resorting to energetic measures, when we endeavor to expel an enemy with whose nature we are so little acquainted, and it is better to suffer the system unaided to contend against it, than throw obstacles in her way. Few die of this disease for want of medicine, and we should hardly know what unaided nature might accomplish were it not for the infinitesimal school of practitioners. A neighbor of mine in



despair gave up a child ; it recovered : he stuck to the next, and it died. He was an energetic physician.

In a disease of apparently such intense action, it is no wonder that the lancet has been often called upon to play its part—sometimes, it is true, with benefit. Graves, in his *Clinical Lectures*, has mentioned cases where, under the most favorable circumstances, he resorted to venesection, yet the cases went on just as bad to a rapidly fatal termination. Venesection, then, has no power of emptying the system of the poison circulating in the veins, and is not to be used unless the epidemic constitution seems to demand it ; even then it is barely tolerable, and generally unnecessary, unless it be to remove some complication. Even leeches are to be used with discretion, for unexpectedly bad results have sometimes followed. Such a case occurred here not long since, where a noted practitioner applied a few leeches to the temples of a lady, who had the symptoms of intense fever, with incipient inflammation of the brain ; an immediate collapse followed, terminating her life. Here was apparently a clear case indicating leeches. Still there are cases where they can and should be used, concerning which I will again remark. The present constitution does not require the lancet, nor when there is an epidemic constitution is the lancet *generally* useful in ordinary diseases. Sporadic cases bear it better. It was so with the puerperal fever of Hey ; to him the lancet was indispensable, but nothing is more deadly than the lancet in the puerperal fever of hospitals. It is not cases with vivid eruption which best bear bleeding. Graves says, the cases with moderate eruption and very sore throats bore venesection best ; which is in complete accordance with the theory advanced in the early part of this article. Nevertheless, it is evident that this method of depletion was not *generally* useful, and he would better have entirely dispensed with it. Stewart says that although congestion may demand depletion, yet it is only a proof of the want of vitality.

I am equally averse to the *indiscriminate* use of *tonics*, and much more so to that of stimulants, early. It is rare that they are thus called for, though sometimes the epidemic influence is such, or the state of the patient's constitution, that they may be demanded ; be it remembered, they possess no specific power of cutting it short, and only assist nature in her resistance to disease. When required, sulph. zinc and sulph. quinia alone or in combination will be found very useful. Withering speaks of an epidemic where it was necessary to give at least a bottle of the best port daily to children ; such cases must be rare. Carb. ammoniac and wine whey may be earlier used, and with extremely pleasant effects. Cornell, in the New York Medical Gazette, has mentioned many cases of the great value of wine whey, even when there was much febrile commotion, and where we should as a general thing have been averse to its employment. Of capsicum I shall say more by and by. Tonics, of course, are required after any exhausting disease, or where there is extensive suppuration, as of the cervical glands.

Another general agent is *tart. antimony* in nauseating or even smaller doses. It has been a favorite with many persons, particularly Dr. Billing.

I have spoken of it as used as an emetic ; but as here proposed I verily believe that in the cases where it is borne, the patient would have done just as well without. In one of the most intense cases, with the most vivid eruption I ever witnessed, where the child perished from croup, it was perfectly useless. In the severe cases attended with congestion, the small and extremely rapid pulse indicates nothing which will diminish the heart's action, for it is a pulse of oppression and irritability, not one demanding sedatives, so called. With a harder pulse, dry hot skin, and strength of body, or perhaps it would be better to say more vitality, particularly towards the close of the disease, when the peculiar effect of the poison is nearly expended, it is sometimes useful, especially when local difficulties are beginning to be manifest. It is a curious fact that as this disease runs on, a greater tone of the system is acquired, much better bearing depletion than during its height. This is applicable to exceptional cases, but they are not unfrequent. Antimony should, on the whole, be used but rarely, and then with great caution ; when I have given it, it has been usually in the form of the aqueous solution or of the wine in combination with the liquid acetate of ammonia.

Another general agent is *affusion*. No one now-a-days writes on scarlatina without speaking of Currie ; yet I think his suggestions not of as great value as they appear to many, nor are they fully carried out by physicians in this vicinity ; for myself, I have never done it. In a case where one of my brethren applied cold sponging, it was always followed by increased delirium. It is not convenient, and moreover we have the authority of Chapman that it has been followed by sudden death. The patient will, however, be refreshed by bathing the hands and arms in cool water, or may be allowed freely to drink of it or to swallow small lumps of ice, after holding them in the mouth long enough to round off the angles. A cool airy chamber is necessary, and the patient should be made as comfortable as possible as respects temperature. There is a peculiarity to be noticed respecting the *thirst* of scarlatina ; although it is generally considerable, yet it is not at all proportioned to the intensity of the fever, and I have seen cases where it was almost entirely wanting. It has sometimes appeared to me as a diagnostic mark. *There is less thirst than in any other violent fever.* Is this not owing to the uncommonly small evacuation of fluids by the natural emunctories, the skin being extremely arid and the kidneys greatly suspending their operation ? The throat, too, which is the seat of the sensation of thirst, is put into a new state, which perhaps injures its specific sensibility. Ice may be freely allowed, and exercises a good influence upon the throat and fauces, constricting the swollen capillaries and delaying the chemical changes on which disorganization depends.

*Purgatives* are the next in order. I always used to commence the treatment with an emetic, and follow it with a dose of calomel. Of late, it has appeared better after the emetic to give some mild eccoprotic, as the soda mixture or oil. Not that calomel has ever appeared to me, when used thus, to do any harm, but it is best not to conflict with public opinion unless there is some satisfactory reason for it ; and I can say the above

practice answers just as well. There may be cases, however, where in scarlet fever, as in other diseases, this medicine is a useful adjunct to our treatment, as where there is congestion of the liver and portal-system, where there is nausea with thick fur and bitter taste, stools deficient in bile, &c. Dr. Douglass, of Boston, many years since, strongly recommended that the system be fully put under the influence of mercury in bad cases, and he has had many followers since; but it is bad practice in simple or congestive scarlatina; and Andral has shown the reason: there is but a slight increase of fibrine in the blood, and it is particularly upon this element mercury exhibits its power. The person mentioned who was for a time so unfortunate with his cases, relied much upon it in his practice. Towards the close of the disease there are secondary symptoms, highly inflammatory and not unfrequently treated by bark; here calomel, in purging or constitutional doses, will be found much more useful, Andral's experiments showing that there is increase of fibrine. This is Underwood's treatment, who has written an excellent article on the subject.

A remedy to which I wish to call attention, is the *wine of colchicum*. This article I think I first saw recommended in the Boston Medical and Surgical Journal, though I may be mistaken. My opportunities after this for a time were such, that I could not investigate its properties, not thinking it proper to depart from my usual mild treatment, there being no severe epidemic; nor did I like to venture upon a remedy, doubtful as to its effects, and whose action upon the system seemed hardly compatible with what I knew of the fever. But during an epidemic, one of our oldest and most distinguished practitioners, having a case of great danger, used it with such marked success, that my confidence began to rise. This gentleman stated further that his son, practising in a neighboring town, had been so peculiarly successful in an epidemic, that he had acquired much reputation, his principal remedy being colchicum. Since this period I have been in the constant use of it in severe cases, and think it has proved eminently serviceable.

This drug possesses some very active properties; it has long been used as an antiphlogistic, as in rheumatism, gout, and certain diseases of the eye, and yet its operation is not altogether antiphlogistic. It has considerable influence in reducing the action of the heart, and is a powerful stimulant directly or indirectly to the alimentary canal; it has been thought useful in exciting the kidneys, and is a cholagogue. Respecting this latter property, it is probably by its stimulating the liver, through the sympathetic connection between the mouth of the gall-duct and the extremities of its ramifications. Upon the kidneys its operation is not well marked, though when it is restricted to these organs there is a considerable flow of urine. It has the property of causing the kidneys to eliminate certain matters from the blood, as urea, which may have an important bearing on the disease, for we know that on the decline of fever there is much of this matter thrown out in the form of uric acid, and the use of colchicum may be in hastening this process. It is to be remarked that colchicum does not produce its depressing or sedative effects by



operation on the bowels, for sometimes a person may have twenty stools and yet feel little bad effect. I should, however, caution against such a use of the drug, for violent purging could hardly but be bad in this disease. The discharge of bile from the liver causes in part this flux, and this very activity of secretion probably assists in the removal of the disease. It may be used at an early stage, in all cases except where there is complete prostration: sometimes, when there is almost a comatose state, skin pale, rapid and feeble pulse, where stimulants such as brandy would be found the general resort, we shall find colchicum act with great benefit and save the patient. I have more commonly used it where there has appeared to be considerable energy in the circulation, and have hardly ever known a patient not benefited. My method has been to give it in small doses to suit the age of the patient, either alone or with hyoseyamus, to prevent its irritating the bowels; it should act upon these at the end of two or three days. I have an extremely interesting case in my note-book, of its marked utility, after other things had proved of little value, and where a diarrhoea was rather checked by its use. It is, however, too long for insertion.

[To be concluded next week.]

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DR. TOWNSEND'S CASES OF FRACTURES IN THE MASSACHUSETTS  
GENERAL HOSPITAL.

[Concluded from p. 281.]

CASE XII.—August 2. C. W., æt. 19. Patient was sitting on the top of a coach, which had been backed up to within three feet of the rails at the Worcester Railroad Depot. As the cars came in, the horses became frightened, and during the attempts to turn the coach, the locomotive struck it and crushed it to pieces. Patient does not know how he was injured; was brought immediately to Hospital.

On examination, find leg swinging to and fro at every movement; at the lower third of tibia, on its inside, a small opening three quarters of an inch long, through which blood issues freely, and which communicates with broken fragments of the tibia; on fibular side of leg a small opening, one inch lower than the other, the size of a pea, and extending to the fractured end of fibula. For about two inches below the end of upper fragment of tibia the bone appears to be crushed into several pieces. From ankle to upper third of leg is some swelling, with extensive crepitation of air. Pulsations of anterior and posterior tibial artery felt distinctly. Foot somewhat numb; toes cold and purple. Cover wounds with lint and adhesive plaster. Flex leg and place it on a pillow on its outside. Poppy fomentations to foot and toes. R. Sol. sulph. mag., 3vj., in morning.

3d.—Toes became warm after fomentation, but are still rather purple. Swelling of leg more than yesterday; considerable hæmorrhage during night from fibular opening. Wrap foot in flannel. Leg splint with foot-piece attached for limb to rest on.

4th.—Comfortable through day and night; toes of natural warmth; ankle and foot somewhat swollen.

8th.—Lint removed from wounds this morning, followed by a discharge of pus.

10th.—Discharge of matter from wounds very copious; a probe introduced into opening on inside of leg, passes freely up and down for two or three inches, striking against small and partially detached pieces of bone. Slight redness around fibular opening. Apply extension by means of L. Roe's apparatus, described in Case IV.

13th.—Attacked yesterday P. M. with chills, headache, pain in back, heat of skin and nausea; erythema around wounds. Bowels costive. Had an enema, after the operation of which, took pulv. Doveri, gr. x. This morning rather better, though headache continues. Tongue coated. Pulse 96. Heat and redness about wounds increased; discharge of pus dark colored and ill conditioned. R. Hydrarg. submur., gr. v.; pulv. antimonialis, grs. iij. M.

14th.—Better yesterday after operation of medicine. Slept well. This morning reports more comfortable. Countenance brighter; skin cooler. Pulse 90. Redness much the same. End of lower portion of fibula protruding slightly through opening, that of upper part nearly in same condition. Discharge continues free.

15th.—A piece of bone one and a half inch long, very pointed and rough, removed from fibular opening; also a semicircular piece from tibia; swelling and redness diminishing. Pulse 86. Appetite good.

17th.—Piece of fibula two inches long and of tibia one inch, removed this morning with forceps.

18th.—Improving in general health; erysipelas subsiding. R. Tr. quiniæ, gtt. xl., thrice daily. May have broiled chicken and wine  $\text{3 iv}$ . daily.

25th.—The lower fragment of the tibia is denuded for an inch or more.

Sept. 1st.—Strength much improved. Omit tr. quiniæ.

5th.—Considerable pain in limb all of yesterday; erysipelas again manifesting itself this morning. Omit meat and wine. R. Sulph. magnes.,  $\text{3 vi}$ ; apply to limb creosote wash ( $\text{3 j}$ . to  $\text{Oj}$ .). R. Spiritus ætheris nitrosi,  $\text{3 ss}$ . every four hours.

11th.—Much better; redness and heat diminishing. Omit creosote wash.

13th.—Complains of burning pain in heel, which has excoriated and is somewhat inflamed. Apply creosote wash to heel.

14th.—Some sloughing of integuments about heel to-day, attended with much pain and inflammation. Apply a poultice to heel.

15th.—Yesterday noon was attacked with shivering and chills, languor and nausea, with great burning pain in fractured limb. Took ipecac., gr. x.; hydrarg. submur., gr. v., M., which induced vomiting and a discharge of hardened fecal matter. This morning patient is languid, with a hard and full pulse, a furred tongue, together with some headache; leg much swollen, of a scarlet redness and pitting on pressure; excoriation of heel quite painful. R. Pulv. antimonial., gr. iv.; hydrarg. submur., gr. ij.,

M., now : and R. Pulv. ipecac. et opii, gr. vj. ; pulv. antimonial., gr. iv., M., to-night.

16th.—Decidedly better this morning. Complains of slight headache, also some soreness of throat. Leg still continues to burn and is covered with small vesicles. R. Sulph. quiniæ, gr. ij. every 4 hours. May have wine,  $\frac{3}{4}$  iv. daily.

18th.—Erysipelas extended into foot ; heel quite painful. Reports some nausea. Tongue furred and dry. Pulse hard and full. Attacked this morning with diarrhœa. Omit wine and quinine. R. Pulv. ipecac., grs. xx. After every dejection, R. Mist. carb. calcis.,  $\frac{3}{4}$  ss. ; and if necessary, R. Tinct. opii, gtts. x. May have wine whey and port wine and water occasionally. Gruel for dinner.

19th.—Limb much better this morning ; discharge lessened. Diarrhœa checked after the exhibition of tr. opii. R. Tr. quiniæ, gtts. xl. every four hours. May have arrow root with port wine. Omit wine and quinine if contra-indicated in course of day. R. Pulv. Doveri, gr. x., if restless at night.

20th.—Rather better this morning. Erysipelas gradually leaving upper part of limb and concentrating in foot. Wine and quinine were omitted yesterday afternoon. R. Spirit. æth. nitros.,  $\frac{3}{4}$  j. every four hours.

21st.—Much better. Resume quinine, as on 19th inst.

23d.—Inflammation wholly subsided in leg. Omit creosote lotion.

25th.—Patient being desirous of returning home, and apprehending, if he remained in the house, another attack of erysipelas, was at his own request discharged. He was without difficulty removed to Worcester, and has since gradually improved. Subjoined is an extract from a letter received from him, dated Oct. 30. "My limb is progressing for the better very fast. I am now able to lift it from the bed without any support. The wound on the left side is healed, with the exception of a small opening ; that on the outside is improving slowly ; no more pieces of bone have made their appearance. The limb will probably be about two inches shorter than the other."

CASE XIII.—Sept. 8th. P. B., æt. 47. Patient reports that he was crossing a street, when a cab turned a corner rapidly and came upon him ; whilst attempting to save himself by stopping the horse, he was kicked by the animal about the middle of the left leg.

On examination, find an oblique fracture of the tibia, just below the middle of the leg. No injury of the fibula, consequently no shortening and not much distortion of limb. Patient reports that his right leg has been broken twice, and his left, once, previously.

9th.—Place leg on a pillow. Apply to limb compresses wet with mur. ammoniæ,  $\frac{3}{4}$  j. ; aceti,  $\frac{3}{4}$  iv. ; aquæ, Oj. M. R. Sulph. magnes.,  $\frac{3}{4}$  j.

10th.—Some inflammation and pain about fracture to-day. Apply six leeches to leg.

11th.—More swelling of limb to-day, but pain much less.

12th.—Swelling as yesterday. Apply common splints to limb, and bandages from toes to knee.



16th.—Swelling much subsided. To-day complains of rather more pain in limb. Omit splints. Apply to limb many-tailed bandage constantly wet with lotion of 9th inst.

19th.—Much easier to-day. Resume the use of splints.

22d.—No pain in limb. Swelling nearly subsided. Apply a starch bandage from toes to knee.

Oct. 8th.—Bandage removed. Union of bone strong; can walk with some assistance from a cane.

10th.—Discharged well.

#### VACCINATION IN SIAM.

[Continued from page 281.]

[IN the remainder of Dr. Bradley's letter under date of February 20th, 1845, he corrects a mistake contained in the number of this Journal for July 26, 1843, where it was stated that vaccination could not be propagated at all from pustules of patients in Siam; whereas in 1840 he had been successful in the vaccination of 200 individuals from matter thus obtained, as was stated in the Journal of October 14, of that year. Dr. Bradley then proceeds:—]

I fear it will be yet a very long time ere the native physicians of Siam will become trust-worthy in this business. They have as yet been my bitterest opposers, and have forged a thousand lies and prejudices, and palmed them off upon this quack-ridden and quack-intoxicated people, to interpose a deadly obstacle to my progress in the work. But I have a young man under my training, an Indo-Portuguese—this country born—who is now of vast assistance to me in vaccinating, and who is getting himself a great name thereby among the princes and rulers of this people. When he goes out from my service to support himself by the medical profession, as he contemplates doing in a few months, he will be prepared, in some good degree, to feel the importance of great care to keep the vaccine virus alive, and will well know what are the best means to effect that object. He is calculating, as he well may do, to become a great man in Siam by the business of vaccinating alone; and I trust he will spare no pains to keep it a-going from year to year.

There are now some two or three Siamese physicians who have recently come over on the side of vaccination, and are endeavoring to carry on a line of the business independent of me. I greatly rejoice at this, and fervently hope there will be many such conversions to the cause of truth and humanity. Living witnesses in favor of the power of vaccination to protect the human system against the smallpox, are becoming so numerous and wide spread, and powerful in their influence, that the opposition of the medical faculty of Bangkok has become more silent than it was, and I have no doubt that it is in fact much diminished. They formerly published loudly that it was all an imposition that the kinpox would protect against the smallpox; but the light of truth has become so strong that thousands on thousands of the people know that it will protect, for they

have had many opportunities of seeing the vaccinated subjects standing unharmed in the very midst of the most malignant variola. Many in high life have taken great pains to test this question. A few weeks since, an officer of government told me, that what I had published of the protecting power of the kinexox was very strong and deeply interesting, and that he only needed to wait a few more days to have his mind settled forever either with me or against me; for, said he, "my child that you vaccinated successfully, is now in the midst of the smallpox. One person has recently died of it, in the same house, and others are now breaking out with it." There have been hundreds of such cases, and they are now multiplying with greater ratio than ever before. Formerly none could be persuaded to come to me to be vaccinated. The only way I could procure subjects to operate upon, was to go around among the people and importune long with them, and give them ocular demonstration of the strength of my argument and of the soundness of my mind, which many questioned in my great earnestness to perform such a strange act, and that without money or price. Such demonstrations I would give them by leading about with me a child with a fresh pustule on his arm. Such exhibitions had great power; for they saw that the pustule was shaped just like a smallpox pustule, and that of course such a pustule was sign enough that the smallpox would never appear again in that individual. And they saw, too, that the subject was quite well in the very midst of the disease. But many, notwithstanding such apparent convictions, would still hold off, from a fear that there would be some trick revealed in the work at last, or that the common report, to wit, that many take the smallpox after vaccination, and all die of it that do so, will prove too true. Such foolish fears have, however, been much dissipated of late. Now, parents, masters and guardians come to me, earnestly requesting me to go to their houses to vaccinate, and they often bring their children to my house from a great distance, seeking the blessing. Indeed, the bare work of operating for the kinexox, without any importunity on my part, is becoming too much for me and my single assistant. Many of the princes and highest officers of government have already had all their children and servants successfully vaccinated. A few days since, I was credibly informed that his majesty the king is intending to have two of his own little children vaccinated by my assistant. A brother of the Phraklang, a man high in authority, and who has been exceedingly obstinate in his unbelief in vaccination, has just come over to the faith entirely, and has requested me to make arrangements to vaccinate all his children and servants as soon as possible. Thus is the good work progressing and overcoming all opposition.

I published in September last a full treatise on vaccination, of 34 pages, 12mo., 500 copies, in our smallest Siamese character. In that I endeavored to clear up every doubt, and give the people the truth, and nothing more than the truth, of the protecting power of the kinexox. I trust that work has done much good in preparing the way before me. I also printed 200 handbills on the same subject, some of which I had posted up in different parts of the city, and some I distributed by other

modes and sent them about the city and country. I have lately revised and re-printed the treatise, an edition of 1000 copies.

I had been informed that certain Siamese physicians were gulling the people with the idea that it is necessary to perform certain rites out of respect to the devil in the desiccating stage of the kinexox, as is their custom in the smallpox, with a view to induce this author of the disease, as they suppose, to depart from the subject of it and trouble him not with any diseased consequences. It is the custom for the physician to perform these ceremonies, for which he gets a fee of about thirty cents a head. The people being infinitely more credulous of lies than of truth, receive this doctrine as sober and important truth, and are fully willing to pay thirty cents for a good security against all ill consequences of vaccination. I took occasion, in the 2d edition of my treatise, to expose this satanic fabrication.

[Additional particulars, in letters dated March 4th and May 10th, are on hand, and will be published as soon as we can find room.]

#### HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Who shall decide when doctors disagree? Although a subscriber to your useful Journal, I confess, that diverted by the daily newspaper and other ephemerals, with which the press is teeming, I have not been so constant a reader of it as I ought; still, in casting my eye over the table of contents, I frequently find something that attracts my attention. In this way I noticed an article in the No. for Oct. 8th, “A Letter on Homœopathy,” which I was induced to read, more by the oddity of its caption than the subject proposed. I was a good deal pleased with it, thinking it a candid, common-sense exposition of the whole concern, which if not universally approved of, was certainly not obnoxious to any severe criticism. But in your Journal of the 22d, I saw announced “a Review” of the article alluded to. The interest I had taken in the first led me to read the latter, to see if the opinion of the reviewer corresponded with my own. I found him, on the contrary, accusing W. with having charged homœopathy with assumptions it never assumed—with three fundamental principles, “*not one of which is believed by the homœopathic school, or ever has been!*” which he charitably ascribes to his ignorance—W. confessing he had “read very little on the subject.” And here the parties are at issue. If W. had not good and sufficient foundation for these charges, he certainly deserved the severest censure; if, on the other hand, he had ample authority for making them, he was as certainly justified in reading no farther—for surely, with these premonitions staring him in the face, no prudent man, who had any other use for his head, would venture it within the penetralia of so crazy a fabric. To have gone farther, would require the curiosity or courage which prompted Dante to enter the gate over which he read that formidable inscription—



“All hope abandon, ye who enter here.”

That he did not misapprehend or misrepresent the three leading dogmas of homœopathy, admits of very ready proof from Hahnemann's own words. As to the first, the cause of disease—after twenty years' practice upon principles which he had pronounced *infallible*, and founded upon the *immutable* laws of homœopathy, he was convinced, by numerous failures in the treatment of chronic diseases, that there was something wanting. He found himself under the necessity of groping in the dark for the occult cause of disease and of these failures. He tells us, “that he labored in profound secrecy for this great, this sublime desideratum, his very pupils knew it not, the world was to remain in ignorance of his pursuits, until he could proclaim the most inestimable gift that Divinity had bestowed upon mankind. This immortal discovery was neither more nor less than *ITCH*, to which malady, according to his views, since the days of Moses, seven-eighths of the physical or moral miseries to which flesh is heir were to be referred. Whether rendered evident by eruptions, or latent from our cradle, it was a curse transmitted to us, by the modification or degeneration of leprosy, through myriads of constitutions, and which only disappears from the surface to fester in malignity until it bursts forth again in the multifarious forms of innumerable diseases, amongst which we find scrofula, rickets, consumption, hysteric and hypochondriac complaints, dropsy, hemorrhage, diseases of the head and liver, deafness, erysipelas, rheumatisms, gout, loss of sight, of smell, of taste, stupidity and imbecility, and a host of others too tedious to repeat. In support of this doctrine, Hahnemann adduces ninety-five cases recorded by medical writers, in which the disappearance of the *itch* was followed by various acute and chronic maladies.” That by the term *psora* he meant the common *itch*—the Scotch fiddle—is abundantly evident from the use he makes of the word in different parts of his “Organon.” I know nothing equal to this theory of deriving seven-eighths of our afflictions from the *Jewish leprosy* become *itch*, except that of *Eugene Sue*, who makes his “*Wandering Jew*” the bearer of it, as Asiatic *cholera*, from India to Persia, by the Caspian, north, about through Russia and down upon Paris—and in that *particular case*, I know no better theory; he probably got the hint from Hahnemann, who, during some of his latter years, was his neighbor in Paris.

Next, as to the grand indication of cure. Medicines are to be administered which are capable of producing the same symptoms in the healthy subject as the disease of the patient exhibits. Take his own words: “The curative power of medicines is founded on the property they possess of giving rise to symptoms similar to those of the disease, but of a more intense power. Hence no disease can be overcome or cured in a certain, radical, rapid and lasting manner, but through the means of a medicine capable of provoking a group of symptoms similar to those of the disease, and at the same time possessed of a superior energetic power.” Hunter advanced the doctrine long ago; that two constitutional diseases seldom or never co-exist in the same patient—but

his general plan of cure, I believe, was *contraria contrariis*. Hahnemann has improved upon this by *compelling* two diseases to co-exist, will or nill, taking care that the new one inflicted by himself, the train of symptoms excited by his remedies, should be the most severe of the two, and, "like Aaron's serpent, swallow up the other"—in short, that *similia similibus curantur* was the rule. The logic by which he supports this favorite doctrine is inimitable. "With what," he asks, "do we endeavor to relieve the olfactory nerves when offended by disagreeable odors? by snuff, which affects the nostrils in a similar but more powerful manner. By what means," he adds, "do we endeavor to protect the ears of the compassionate from the lamentations of the poor wretched soldier condemned to be scourged? Is it not by the shrill note of the fife united to the loud beat of the drum? How do we endeavor to drown the roar of distant artillery that causes terror to the heart of the soldier? by the roll of the double drum. Nor would this feeling of compassion, this sense of terror, have been checked by admonition or by splendid rewards. In the same manner our grief, our regret, subside upon receiving the intelligence, true or false, that a more lively sorrow has affected another person;" or, in other words, that our neighbor is worse off than ourselves.

Infinitesimal doses. The homœopathists contend that the most minute particles of medicine are more powerful than larger doses. They therefore have recourse to infinite trituration or dilution, in three vehicles, which they consider free from any medicinal property—distilled water, spirits of wine, and sugar of milk. By these means they procure a decillionth or quintillionth fraction of a grain. One drop of this solution is considered sufficient to saturate three hundred globules of sugar of milk, and three or four of these globules are deemed a powerful medicine. Let us quote Hahnemann's own words. "By shaking a drop of medicinal liquid with one hundred drops of alcohol *once*, that is to say, by taking the vial in the hand which contains the whole, and imparting to it a rapid motion by a single stroke of the arm descending, I shall then obtain an exact mixture of them; but two or three, or ten such movements, would develop the medicinal virtues still further, making them more potent and their action on the nerves much more penetrating. In the extenuation of powders, when it is requisite to mix one grain of a medicinal substance in one hundred grains of sugar of milk, it ought to be rubbed down with force during one hour *only*, in order that the power of the medicine may not be carried to too great an extent: medicinal substances acquiring at each division or dilution a new degree of power, as the rubbing or shaking they undergo develops that inherent virtue in medicines which was unknown until my time, and which is so energetic, that latterly I have been forced by experience to reduce the number of shakes to two."

Now, if this is not *hocus pocus*, by what other name shall we call it?

To conclude—was there any deficiency of proof, the reviewer himself has supplied it, and by example sanctioned the alleged precepts of homœopathy, which he had just disavowed. He boasts of having relieved cystitis, or acute inflammation of the bladder, with *cantharides*; and cases of painful salivation, as like mercurial salivation as that is like itself, with

homœopathic doses of mercury. Now what is this but accrediting the golden rule, *similia similibus*—casting out devils by Beelzebub the prince of devils?

I have thus, I think, exonerated W. of the charge of mistake or misstatement—the sole object I had in view, when I took pen in hand. I love to see fair play between medical or other combatants, as

A LOOKER ON.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 12, 1845.

*The Great Hydrarchos.*—At this particular period, our city abounds with curiosities; but those which are predominant on account of their rarity, are the fossil bones of a marine monster on exhibition at the Horticultural Hall. A variety of opinions are expressed in regard to them. The multitude of separate blocks are so arranged as to construct the imperfect skeleton of an immense serpent, measuring one hundred and fourteen feet in length, to which has been given the name of the *Hydrarchos*, or Leviathan. One thing is undeniable, viz., that there is a prodigious number of huge vertebræ, mostly fossilized. But it is asserted by some, that they were portions of the spines of several mastodons, and that the building up of a hydrarchos depended entirely on the ingenuity of the proprietor. Some very accurate naturalists reside in Boston, who are competent to decide the question beyond the possibility of a doubt, and it will therefore be speedily determined, on satisfactory authority, to what extinct animals they really belonged, or whether they are a part of an heretofore unknown fossil monster. The results of our own conclusions, as well as those of our professional neighbors, will hereafter be published. All persons having a taste for comparative anatomy, should commence the study of these astonishing remains, as well as those of the mastodon on exhibition in Franklin street.

*Petrified Human Body.*—At the Marlboro' Chapel, in this city, there is now to be seen the unpleasant sight of a human body brought out of the grave; but though loathsome to the eyes, it is not offensive from any odor. It is said to be converted into a kind of lime-stone, and that when struck with a metallic instrument, both the resistance and sound are like those on striking a stone. Just over the thorax, percussion evidences a cavity. Being tightly screwed up in a box, there is no way of proving the assertions of those most interested in the receipts. If it could be sawed open, or any inspection be allowed of such parts as would not mar it as a whole for the purposes of exhibition, the question would speedily be decided whether there is a complete petrification—that is, an exchange of particles of animal matter for those of lime—or whether there is a simple friable incrustation of stone. How on earth the show, thus hermetically sealed and secured beyond the reach of touch, is to subserve



the cause of science, is more than we can divine. The body is that, says the bill, of "Mrs. Morrison, who was born in Scotland, 1754. She was remarkable during her life time, for the enjoyment of good health, and was very corpulent. She died suddenly in 1824, at Berthier, Canada East, aged 70, and was buried in the ordinary manner in a clay soil. The body was exhumed with several other bodies in June, 1844, for the purpose of making room for the enlargement of the village church. In texture, it resembles soft sand stone, and is of much the same specific gravity."

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*Fossil Human Bones.*—"It is stated in a late No. of the Madison Banner, on the most reliable authority, that a person in Franklin county, Tenn., whilst digging a well, a few weeks since, found a human skeleton, at the depth of fifty feet, which measures eighteen feet in length. The immense frame was entire, with an unimportant exception in one of the extremities. It has been visited by several of the principal members of the medical faculty in Nashville, and pronounced, by all, the skeleton of a huge man."

So much for the popular version of the story. Will Dr. Buchanan, or some other gentleman of the profession in Nashville, furnish us with the facts, if there is anything in the matter worthy of notice.

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*Appointment in the New York University Medical School.*—A correspondent has no doubt, from the present appearances, that the number of students in the University School, New York, will exceed 400 the present term. Dr. Wm. H. Van Buren, of the U. S. A. Medical Staff, who has been a highly respected officer in the Surgeon General's office, at Washington, has removed to New York—having received the appointment of Prosector in this same institution, and he will unquestionably, therefore, resign his surgeon's commission. He is an acquisition to any institution, and this is said on our personal responsibility. His accuracy, assiduity and perseverance, the elements of fame, cannot fail of gaining for him, ultimately, in New York, that distinction which results from a vigorous determination to use these acquirements for a good purpose.

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*Dr. Harrison's Elements of Materia Medica and Therapeutics.*—It is presumed that these two large octavos, to which reference was made last week, present a fair exhibition of Dr. Harrison's talents as a writer, and teacher in a medical school. Those who are most active in their researches for remedies, cannot hope to make many or brilliant discoveries. The whole domain of the earth's surface has been ransacked for undescribed remedies, and the latest authorities can therefore present little more than old matters under new aspects. With respect to the *modus operandi* of medicines, there will be as many opinions as there are individuals to reflect upon the subject, so that there will never be a dearth of theories. It is only by proposing some new view or modification of those already abroad, that any distinction is acquired by a person who writes upon the action of medicines. In the classification of such articles, as are admitted to be antidotes to disease, there is vast room for a re-arrangement; yet it is doubtful whether any such classification will be generally acceptable to those who prescribe medicines or comment upon them.

From the sixty-fourth page to the end of the first volume of Dr. Harri-

son's work, we find much to admire. The second volume is more massive in its dimensions, and the topics to which it is devoted are those of peculiar importance. First, *bloodletting*—about which there are as many theories as visible stars in the firmament—constitutes one chapter. Emetics follow; next cathartics; enemata, &c.; and the 5th chapter embraces excitants, stimulants, anti-spasmodics, tonics and astringents; 6th, restoration of the secretions, diaphoretics, diuretics, expectorants, emmenagogues and anthelmintics; 7th, anodyne or narcotic indications; and lastly, chapter 8th, revulsive indications. These volumes exhibit Dr. H. as a man of industry, and an exact reader of other men's books, and this is much in praise of an author in this epoch of touching and going over the highways of science. He is one of the western pioneers in medicine, who shows by his own personal activity and research, that the elements of medical science may be cultivated in the fertile regions beyond the Ohio. Something else must be forthcoming from the same source. It is quite unnatural to suppose that the wings that have borne him safely and triumphantly into public favor as a writer, are to be folded up and never spread again.

*Medical Miscellany.*—Dr. John Pierce, of Edgartown, Mass., is a candidate for the State Senate.—A New York editor speaks out loudly in praise of a new kind of practice, called the *chrono-thermal system of medicine*.—The American Institute, New York, has awarded silver medals to Mrs. Sarah P. Mather for a sub-marine telescope, S. B. Smith for electromagnetic machines, B. Pike, Jr., for a galvanic battery and apparatus for decomposing water, and J. W. Bassett for artificial teeth.

TO CORRESPONDENTS.—In addition to communications before acknowledged, others have been received from Dr. Williams of Phoenix, N. Y.; Dr. Allen, of Middlebury, Vt.; and Dr. Howe, of Cambridge—each of which will be published in its turn.

DIED.—At Montpelier, Vt., Dr. Edward Lamb, 74.

Number of deaths in Boston, for the week ending Nov. 8, 54.—Males 31, females 23. Stillborn, 2. Of consumption, 12—smallpox, 4—disease of the heart, 3—scarlet fever, 1—pleurisy, 1—typhus fever, 4—lung fever, 7—diarrhœa, 2—teething, 1—hooping cough, 1—infantile, 3—rheumatic fever, 1—delirium tremens, 1—palsy, 1—inflammation of the bowels, 1—disease of the liver, —disease of the bladder, 1—intemperance, 3—old age, 2—hemorrhage, 1—croup, 3.  
Under 5 years, 16—between 5 and 20 years, 6—between 20 and 60 years, 24—over 60 years, 8.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Oct. | Therm.        | Barometer.          | Wind. | Oct. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 64 to 78 | from 29.07 to 29.22 | S W   | 17   | from 33 to 55 | from 29.65 to 29.75 | W     |
| 2    | 49 64         | 29.30 29.15         | N W   | 18   | 32 63         | 29.62 29.65         | S W   |
| 3    | 48 76         | 29.52 29.55         | S W   | 19   | 45 69         | 29.38 29.50         | S W   |
| 4    | 54 66         | 29.57 29.62         | N E   | 20   | 47 50         | 29.49 29.58         | N E   |
| 5    | 56 63         | 29.20 29.30         | N E   | 21   | 32 40         | 29.59 29.74         | N W   |
| 6    | 55 58         | 29.26 29.53         | N E   | 22   | 21 48         | 29.84 29.68         | N W   |
| 7    | 48 64         | 29.62 29.66         | N E   | 23   | 20 58         | 29.78 29.83         | S W   |
| 8    | 51 68         | 29.54 29.60         | S W   | 24   | 33 67         | 29.57 29.61         | S W   |
| 9    | 56 63         | 29.30 29.44         | S E   | 25   | 38 56         | 29.68 29.75         | N E   |
| 10   | 54 77         | 29.34 29.40         | N W   | 26   | 30 62         | 29.74 29.78         | S W   |
| 11   | 55 67         | 29.35 29.39         | S E   | 27   | 39 69         | 29.61 29.68         | W     |
| 12   | 67 75         | 29.09 29.20         | S     | 28   | 52 74         | 29.53 29.56         | N W   |
| 13   | 50 58         | 29.29 29.59         | N W   | 29   | 57 74         | 29.38 29.48         | N W   |
| 14   | 36 67         | 29.62 29.71         | S W   | 30   | 53 74         | 29.21 29.35         | W     |
| 15   | 47 55         | 29.50 29.55         | N W   | 31   | 47 54         | 29.51 29.59         | N E   |
| 16   | 30 47         | 29.75 29.81         | N W   |      |               |                     |       |

An unusually pleasant month—very warm, dry and mild; the last ten days particularly having the character of the "Indian Summer." The fall rains have not come sufficiently to supply the earth and springs. Crops abundant, and well harvested. Esculent roots of the best quality. Range of the Thermometer from 21 to 78. Barometer, from 29.07 to 29.88. Rain, 4.44 inches.

*Internal Injury from Violent Exertion.*—Dr. Beesley related, at a meeting of the College of Physicians, Philadelphia, two cases in which anomalous symptoms, dependent, apparently, upon the injury of some internal organ or structure, occurred immediately subsequent to violent exertion.

A female, who was nursing her child upon a rocking chair, threw herself, accidentally, so far back as to endanger her falling, with the chair, backwards. In her effort to save herself and to protect the child from injury, she turned herself suddenly and violently around, and was instantly seized with a severe, sharp pain in the right side, and experienced, at the same time, a sensation as though something had given way internally. Notwithstanding the employment of anodynes in full doses, the pain continued to increase during that day and the following night; fever also set in, the abdomen became distended with flatus, and the occurrence of peritoneal inflammation was feared. Bloodletting, both general and topical, was resorted to, and the bowels of the patient were freely opened by active purgatives. Under this treatment, the pain was considerably relieved, but the distension of the abdomen increased.

Leeches were again applied to the latter, and the patient was put upon the use of a saline laxative mixture. She continued in a critical situation for a few days; but, finally, all symptoms of disease disappeared, and the patient was restored to her former health.

A carpenter, while at work, made a sudden violent exertion, and immediately experienced a sharp pain, and a sensation as if something had given way, within the abdomen. He was immediately taken home, confined to his bed, and placed under the influence of a full dose of morphia. No fever ensued; the pain, however, continued to be felt, and was referred to a single spot; by continuing the patient at rest, however, and the continued use of opiates, it gradually diminished, and in a few days entirely disappeared.—*Transactions of the Philadelphia College of Physicians.*

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*Compound Dislocation of the Thumb.* By FREDERICK RICHARDSON, Surgeon, Cheltenham.—August 4th.—J. E——, aged 55, a master carpenter, came to me with the second phalanx of the thumb of the left hand dislocated, and forced through the integuments, by a heavy piece of timber falling upon it. The soft parts were much torn, and the branch of the median nerve supplying the thumb so tightly twisted over the head of the bone, that it was impossible to disengage it. As there was not sufficient hold to produce the necessary extension, I divided the nerve and removed the head of the bone; reduction was then easily effected, the wound brought together with adhesive plaster, bandage and splint applied, and the man directed to keep it wet with cold water for two or three days.

To my surprise, the wound healed by the first intention, without the least suppuration, or any unpleasant symptom; the patient was not an hour from his work, and can now use the injured thumb as well as the other, except its being a little shorter.

*Query.*—Did the division of the nerve tend to the speedy recovery, by diminishing irritability?—*London Lancet.*

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A case of twins, one black and the other white, is said, in the Medical Examiner, to have lately occurred in Virginia.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, NOVEMBER 19, 1845.

No. 16.

OF THE MEDICAL PROFESSION, AND OF ITS PREPARATION.

An Introductory Lecture read before the Medical Class of Harvard University, Nov. 5, 1845, by Walter Channing, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE professors in turn deliver the Introductory Lecture to the courses given in this school. It becomes in time a matter of some difficulty and thought to settle upon a subject for the annual discourse. I must confess I felt somewhat troubled by my election, or rather present rotation, to this office. But very happily for me, just at the time, an advertisement in one of the daily papers removed that portion of my embarrassment which the choice of a subject involved. The following is the notice referred to.

"A PHYSICIAN

"Whose character, as a man and a practitioner, entitles him to respect and confidence, would, it is believed, find a pleasant and eligible situation, in a delightful country village, within a few miles of the sea-shore, where a vacancy has just occurred (one of the physicians having relinquished practice there). A middle-aged, married man, one who has had *experience* in his profession, is *well read*, *careful* rather than *scheming*, and of unquestioned *integrity*, and who can furnish good references, can ascertain further particulars on application at this office."

In this sentence, short as it is, lies wrapped up much for the thought of him who is about to make preparation for medical practice. The world over, the physician in some shape or other is advertised for. There is doubtless a reason for this. In Law and Divinity nothing of the kind prevails. The young clergyman is invited to settle, and the choice is determined by the sectarian views he may hold. The lawyer passes his examination, enters the bar, and takes his office in such place as he may be eligible to by his previous education. But the physician may be advertised for. He reads the advertisement, he asks himself how far his qualifications correspond with the requirements, passes a favorable judgment, and offers for the place. Sometimes, not only his predecessor's patients are in the market. His house and barn and land, his horse and sulky too, are included in the "good will," and so a demand is made upon his pocket as well as upon his mind. I have no information to offer in regard to the results of such demands, and of such supplies. We may infer that there are conveniences in the arrangements, or it is not likely they would be so frequently made. In the notice placed at the head of this

lecture, specific qualifications are given. The physician who would fill such a place must have already filled some other, and have done this very acceptably too, for he must have built up character there. He must have received confidence, too, it may be a large one. The age is prescribed. He must be married. A William Hunter, or a John Haighton, among the foremost men of their age as they were, such men would not have met the demand. He must have vigorous and well-cultivated moral and intellectual powers. He is to be well *read*; italicized; and *careful* rather than *scheming*, of unquestioned *integrity*, and is to bring vouchers for all these things, and some others.

And now for what has this medical paragon done so much for himself and for others in the view of the advertisement? And to what region is he to be *transported*, if he accept the call? I do not use the word *technically*, whither is he to be transported, should he accept the very modest and very flattering invitation? I quote the answer, for the advertisement has one. Where? "A delightful country village, within a few miles of the sea-shore, where a vacancy has recently occurred (one of the physicians having relinquished practice there)." You see there is no assurance whatever that he will ever get a patient in that "delightful village." O, no. He goes there to fight that he may reign. He who has recently "relinquished practice there" may have never had any, but has lived in that wide domain of hope, has enjoyed to satiety that *lucus a non lucendo-ism*, which are the occasional experience of the medical man in other "delightful villages within a few miles of the sea-shore"; and in the crowded city, too, though built upon "the beached verge of the salt flood." At least our *advertisee* will find competitors who it seems have too good a foot-hold voluntarily to quit, and who will hardly leave, simply because somebody else has been invited to enter upon the village practice, and into their own proper labors.

Let me, then, in view of the advertisement which is my subject, speak,  
First, of the Medical Profession.

Second, of its Preparation.

Let me speak of the Physician—of his office—of his duties—of his social value. He is in the market, let us see what he is worth.

Of the Medical Profession some judgment may be made, out of extra-professional opinions of physicians. Cicero says of them, that in nothing do men so nearly resemble the immortal gods as in giving health to men. In his Life of Dr. Garth, Johnson says, "I believe every man has found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre." They were palmy days of the profession when these men lived. In the age of the orator, medicine had not lost its connection with the popular faith. The hospital was a temple in which presided a god. The votive tablet contained the record of the patient's case, and this might be consulted by every body. The religion of the time was the handmaid of medicine, and the physician was held in reverence by the people. And so in some sort was it with him in the time of the British moralist. The medical history of that day shows

that the profession was in great honor. The physician had an important place in society, in the literature and the science of the time. He had public and private duties to perform. He was a minister of the public health as well as a private practitioner. His education, his long apprenticeship in the first place before he could be admitted to the lesser places of the profession, his seven years noviciate in these before he could reach the highest, and then the severe examinations to which he was obliged to submit, before he could enter these—the whole which the age demanded of its public servants established a claim to the public confidence and respect which was generously allowed. And see to what individual excellence and greatness the requirements of the time led, or which they directly produced. When has medicine numbered so many, and such names, among its members as then? When was the profession held in deeper regard? That age has impressed itself upon the succeeding times. The impulse then given to the collateral sciences, as well as to medicine itself, has never ceased to declare itself in the succeeding history. Chemistry, botany, comparative anatomy, have each had a regard, and from the best minds too, which have placed them in the highest ranks of intellectual interests, and much which has been done for each and to all of them in this way, has been done by physicians. We cannot look back to the time more particularly referred to without being struck with its moral and intellectual activity; and do we not come from our study with deep feelings of honor and gratitude that so much was then done for the medical profession, and for the race. We are no longer surprised at the personal respect, too, which medical men received—how much their opinions were valued, and how widely useful they made themselves. Johnson had a special reason for the elevated views he entertained for physicians. He was *the* man of his age. He exercised an extraordinary moral and intellectual power. He received a wide homage. Our profession gave to him its very best care. He had the willing service of its ablest members. I say emphatically willing, and let me add, *free*, too. They literally gave him their time and their best skill. They felt honored as well as happy to minister in all love and honor to the physical infirmities of one who had given his life to his own time, to its truest interests, and whose labors and name they knew were to be the inheritance of ages long to come. Was it not to their great honor that for such a man they so cheerfully worked? I always think of Heberden as most worthy my respect, when I see him without “view to lucre” giving his noble endowments, his large skill, so freely, so cheerfully to such a man! I honor my profession that in its members it has cherished such noble sentiments, has manifested so noble a life.

While thinking of such facts in our professional history, and seeing in them its true character, the civil position of medical men, their relations to the state as showed by the public distinction it bestows on them has occurred to me. In foreign countries, where titles of distinction are given for distinguished public services, upon medical men, and the same is true of the greatest in literature and science, titles of the most inferior rank only are conferred, and as the social position they lead to; involves



no expensive outlays for its support, grants of money or of lands never go with them. The highest rank bestowed by royalty in Great Britain on science and literature, is that of a Baronet. It is often only that of a Knight. On the Continent, it is that of a Baron, in France the lowest, in Germany so low that it is bestowed upon almost every body. I do not refer to this in the spirit of complaint. It certainly touches not us where the distinction is to have no title. But it is quite curious to observe the scale of estimation which prevails where titles are thought to be something. The highest title to which a subject can reach, is accessible to the military man. Nay more, he may be placed quite near to the princes of the blood royal, by the highest patent in the gift of the British constitution. The clergyman may and does become a Lord, a spiritual one indeed, but having quite marvellous physical or political functions. The lawyer too not only may become Lord Chancellor, an *ex officio* title appertaining to a certain judicial position, and service, but how often out of his profession are peers created, transmitting their rank and their power to their families. Seventy peerages have been created from the legal profession. Not only are such orders of the state ennobled, but they get from the power which ennobles them the means to support their high rank, and these means, namely money and lands, cannot be alienated for debt, or by will, but descend too with the title. How different all this with literary and scientific men! Newton, the light of his own age, and of all times, was made Knight only as if in ridicule of his great mission to the world. Davy had a barren sceptre put in his grasp, for he had no son to succeed to his poor nobility. Scott, who filled the world with his mind, and his fame—he who was not behind the chiefest of the apostles of a noble literature—Scott was honored with the meagre hand of a parsimonious royalty, and in the changes of fortune which a trade in mind involved, and into which he felt he was obliged to enter, more than his life half spent, he was left by Crown and nation, to begin life again, and to force his mind to accomplishments by which to pay his debts; which labor at length broke down that which did it, and sent him to his grave. What a noble work was that! How much more than a whole dynasty of kings ordinarily does! Do you not rejoice that it is impossible to reward man for his best works; and that the state which does the most in this regard, does little more than to pay some reverence, do some honor to itself!

A profession is for life. How rarely do men withdraw from a profession? It is not uncommon to find those who have passed middle life or more, in other modes of using the mind or the body, or both—it is not rare to find such men who have made themselves rich, leaving their customary mode of life, and living, as it is called, on their means. Not so with the professional man, especially the physician. He stands steadily by that which in an earlier day stood by him. It has been to him the means of moral and intellectual growth. It has given to him consideration, a fair fame, honorable and honored place among men. It has been to him, too, the means of doing good, much good to others. Men have come to rely upon him. Moral and deep sympathies have

been established. They have passed from the parent to the child. They have been the legacies, the transmitted memories of generations, and have bound hearts and minds together by ties which infirmity or death only can sunder. My observation of medical men extends to nearly forty years. I do not know an instance of a man whose whole character and position have been the products of this profession who has left his post. I was a member of a committee who went to Salem to invite the late Dr. Holyoke to meet his professional brethren of the State on his hundredth birth day, that they might pay to him personally the tribute of their large honor for his professional excellence—their deep reverence for his unspotted life—their love of such child-like simplicity, such surpassing moral beauty as were his. We found him in his study reading. The work was a volume of the Transactions of the Royal Society of England. He received us with the gentle courtesy of an earlier age. He accepted the invitation, hardly thinking it worth while for one man, and he so old, to give so many so much trouble; but expressing himself as much gratified by what had been so kindly offered. I said to him that we had interrupted his reading, and asked him what work it was which was so much interesting him. I shall never forget his answer. He named the work and went on. "O sir," said he, "my memory holds so little of what I now read, and that for so short a time, that books of this day are constantly new to me. Scott's stories are always new." But of early study and thought his mind retained most vivid impressions. What, however, is most relative to my present point is this. Dr. Holyoke still belonged to his profession, and after his 100th year made a consultation visit with a friend from whom I had the anecdote. I once said to Dr. Holbrook, of Milton, then an old man, "Well, sir, I find you still at work." "O yes," said he, "I have been in the fills fifty years, and shall never get out of them."

Now look where you will, this is the universal language of the profession. Look abroad. Did Dupuytren, did Cooper, Sir Astley, did any of the great lights of their own day, and which are to illuminate all succeeding times, did they withdraw that light when it was most brilliant, and put under a bushel what was for the illumination not only of their own house, but of the world? No. They were, without a metaphor, cities set on hills, which could not be hid. They were of immense wealth. They had fame enough and to spare. But they worked on. They were unto death true to that profession under whose generous influences they had become great. Nothing could win them from that great and early love. Come home, and the same truth is told. Men here, too, give to their profession, and to their age, their time and their mind. Johnson said, a man, an old man especially, should keep his friendships in repair. A professional man does this without an effort. His works follow him in his whole career, however long, and honor him in his whole course. I have heard physicians, and those of much eminence too, say, that after such an age, or under such and such circumstances, they would retire from business. And an effort to do so has been sometimes made. But a lingering look has been cast behind. The story of the tallow chandler

has been repeated in them. He had retired from business with a large fortune, but he had made his successor promise to send for him every "melting day." He could not deny to himself the exquisite pleasure which that day for so many years had given him, and from which all men out of his profession would have shrunk with disgust. The physician does not forget "melting days."

But a profession is not only *for life*. *It is a life*. This is a fact in its history which should be brought with most distinctness before his mind who thinks whether or no he will enter upon its study, or has already done so. What do I mean when I say a profession is a life? What is a man? Terrence sees in him the incarnation of humanity. *Homo sum nihil humani a me alienum puto*. This should be the physician's motto. Man to him is the embodiment of the moral nature, with the underlying reason, the living conscience, and the directing will. He sees in him too the intellect, the understanding power, by which facts and relations are known, whose province is science in the widest acceptation of the word—which sees in man a creator, the poet, one who pretends to solve the problem of the material universe, and enters into the deeper mysteries of the spiritual being. Now look on man as we may, in the study and application of a profession his whole nature is in constant requisition. Everything to the physician has regard to his calling. And what his profession makes him re-acts upon everything else. Medicine in its immediate use applies to the individual. It is that man, that woman, that child, to whom it offers its daily aid, and for whose particular well being it hourly seeks to provide. But besides this individual office, it is no less directly concerned for and with masses of men, communities, society. The public health is its care, and so is the prolongation of life. It looks into, nay it inquires deeply into that or those things which reach in their morbid influences to the masses of men. The sanitary condition of populous districts is its care. Governments come to it for light, and for help, when the pestilence is upon the people, and cities are wasted, and whole nations are well nigh made desolate. Not only is the physical the domain of medicine. It takes care of the mind. It studies what there is in social and political institutions which reaches to and checks the growth of man's highest nature. All questions of morals, of religion, of politics belong to it. It looks at labor, the noblest fact declared by human energy, medicine looks at labor, man's work, and studies how it shall best conduce to moral and intellectual progress—when it begins to check this, and what are all its agencies in regard to physical health. Look at the late reports in England respecting labor in all its details, reports made to committees of Parliament under the solemn sanction of oaths, and learn what are the bearings of our profession upon the most important social and political interests. So too does medicine study what is poverty, its causes, its whole effects upon man and upon society, and declares its discoveries for the benefit of the people. How much has it done in one of its departments for agriculture? In our own day, chemistry, the peculiar study of the physician, is revolutionizing this widest field of human industry, and bringing into every-day operation



principles which shall be for the highest benefit of nations. It were easy to extend the inquiry and to show how comprehensive is medicine, how truly is a profession a life.

I had just closed this paragraph when I met with the following illustration of the sometimes silent but constant agency of medical inquiry in benefiting communities. In England, opposite Liverpool, a new and great city is in rapid progress. Ten years ago it contained 15,000 people, in ten more it will have 100,000. I copy a paragraph or two which bears upon my proposition. "We feel the greatest pleasure in stating," says the writer, "that, following the improved sanitary views of the last few years, they have made it one of their first cares to establish a 'park,' meaning thereby an open piece of ornamented ground for the future inhabitants of the city." \* \* \* \* "The space to be operated on was 160 acres. Sixty being set apart for building purposes, there remain 120 to be laid out in shrubberies, walks, and drives, for the enjoyment of the public forever." Says the writer, "We were delighted with what we saw here; but the satisfaction of the eye is nothing in such a case; the point really to be rejoiced in is that the ideas of men are now so far advanced with respect to the essentials of public health and conveniency, that, in preparing a new city, a park for the use of the inhabitants should have been among the first things provided for." In this same city houses for the working classes are in preparation, each having three rooms, gas and water, for £5 or about \$25 a year. Burying grounds are to be out of the city; as are slaughter houses. Everything shows in the building of this new, this pattern city, how rapid has been the progress of our profession in most important directions, preventions of disease—so making itself less and less important in the popular regard, by its wisest applications.

I know that much that has now been said may meet objections. We are told that he who devotes himself to many interests will never have wide success in any. A professional man must stick to his profession. *Ne sutor ultra crepidam*, &c. There is truth in this, but not all truth. No profession is one study. Medicine of all others is not. It admits of, nay it demands almost an infinite variety of mental activity. Look at its lights, its great and honored men, and see how in their lives they illustrated the quotation from Terrence. Haller, a high priest in the vast temple of science, was hardly less distinguished for his physiological works, than for his moral, and literary, and philanthropic labors. Hartley was a physician, and who has done more to solve that deepest mystery, the nature of man. I remember being much struck with an illustration of the doctrine now under notice, in the case of Dr. Brown, of Edinburgh, the successor of Dugald Stewart in the chair of ethical and intellectual philosophy in the University. I saw him as the daily practitioner of medicine, as faithful to its duties as if he had never done anything else. And look at that other, of the same name, Sir Thomas Browne, who left us a work on the Religion of the profession, which placed him among the chiefest writers of the Augustan age of English literature. I might easily multiply instances. I was once speaking upon this subject, for it has long occupied my thoughts—I was speaking concerning it with a

professional, a medical man for whom I have sincere regard, and who is not without the public confidence. He thought a physician should be nothing but a medical practitioner, a daily visitor of the sick. "My party," said he, "settles the question for me of politics and the candidates for my vote. My clergyman does the same thing for my religion. I do nothing but practise, and my sole thought is how that may be best done." Now if there be radical comprehensiveness, here is an instance of radical exclusiveness. What is the natural, I do not say necessary, tendency, of such views of professional duty, or life? Is it not daily to contract more and more the sphere of intellectual vision, until nothing will be seen that is not in nearest proximity to the mind, until practical professional life falls into that melancholy routine which looks for nothing better, since it can tolerate no change?

I have sometimes thought that the want of intellectual activity, noticed by some, in men of mechanical occupations, might be explained by their devotion to some one mechanic art. How little occasion for thought, how little for conversation, in the every-day pursuit of some one labor. Perfection is soon reached. The education is completed when the apprenticeship is over, and then, for life, what demand on the individual remains but a certain amount of physical power put forth in the same direction, with a settled amount of intellectual effort, and a volition so slight as scarcely to be noticed. If we look for exceptions, such as are furnished by such men as James Brindley, James Ferguson, and James Watt, we find even these men devoted to the business or trade with which they began life—Watt developing the powers of steam, Ferguson making important discoveries in mechanics, and Brindley doing the same thing in regard to the mechanical uses of water. And finally, we meet with these very persons taking their honored place in history along with that noble army of self-taught men who fill the chapter entitled the "Pursuit of Knowledge under Difficulties."

Sometimes the profession has been regarded as a luxury, and fashion even has not unfrequently settled the question of individual reputation. Said Lady B. to Lord B. one morning, "the nurse tells me that the infant has had a bad night, and refuses the breast." "Send then for Sir H. H. my dear. By the way, A, B, C, D, E, and F, will dine with me to-day. Tell Thomas to be sure to get a salmon. The Doctor likes salmon, ask him." "But, my dear, suppose there is a division to-night, and a call of the House, what can I do with this dinner party, and a child so ill?" "Why Sir H. H. will be here, and so the child is cared for, you know, and then, I will put him in my place at the table, and if they go when I am called, why I save my champagne, you know." Here is the luxury of the profession. In itself how important is its office, for it takes all the responsibility; and for collateral capital, at a pinch, how much may not be made out of it. But it was called fashionable, or it was said that the physician may be amenable to this power in society. Abroad this is quite remarkable. By or through fashion, men of not remarkable powers or attainments, at least men who have done comparatively but little to promote the true progress of medicine, reach to the highest present

fame, and distance all their competitors. The extremes of manner, of address, of personal antagonisms, have determined the question of celebrity. Sometimes a coarse exterior and very rough manner have carried the point, while at others, the opposite have been in the ascendant, or what is more curious, men have lived at the same time and in the same city, as opposite to each other as possible, who have just divided the great or fashionable world between them, leaving their cotemporaries to stare at such similarity of effect, from such diverse causes. I could give illustrations of this in the earlier medical history. They belong, too, to our own day. A London physician has lately died who belonged to the class of high manners and high fashion, and, said one of his patients in a most extraordinary and extravagant expression of regard for him, I would have sooner died under the treatment of Sir Harry, than to have recovered in any other medical man's hands. There is at this moment a practitioner in London, not known hardly as having done anything for medical science, or literature, who has been for some time, and still is, at the very head of his profession, filled as it is with most distinguished men, and who has a business so crowded as hardly to leave him breathing time. Turn from this to such men as Sir Charles Bell, knighted as he was, as a reward for his noble works for his calling, but who died a pauper, living on public charity, and whose family would now be beggared by its discontinuance. Was not C. Bell a faithful cultivator of a field worthy such culture? Did not his earlier works on Anatomy and Surgery, and his great and distinguishing one on the Nervous System, lying as it does at the very foundation of a true pathology—did not his splendid work on the Anatomy of Expression, and that greater one the Bridgewater Treatise—did not, I ask, all these, and other unnamed works, speak daily to the fidelity of Charles Bell to his profession, and claim for him so much of public favor as would have saved him from the pension list? There are causes behind, and which lie deeper than the fidelity adverted to—than the large endowment, and its laborious cultivation—there are causes besides these which often do much to determine present professional success. I would inquire for these, were I sure of getting an answer that would avail the student anything. They are doubtless in the man, quite as strongly marked as in the society in which he lives. He may be wholly unconscious of their possession, and wonder at his own success. They may be such as another might imitate, could he discover them. They may be such as men should, and true men would shrink from, as from moral pollution!

[To be continued.]

#### DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Continued from page 297.]

ANOTHER remedy I have used some of late, is the *iodide of potassium*, but am not fully satisfied where it is best indicated. It was first suggested in the London Lancet. The first case in which I used it was that of a negro child, and so speedy was the recovery that I hoped an important



discovery had been made. But it is a most singular fact that the negro population, of the North at least, are but little susceptible of this disease, and when they do have it, it is very light. Although there is a large negro population in this district, I can recall to mind but two cases of its occurrence, and no death among them. The statistics of the city of New York show that they have a comparative immunity, the proportion when compared with the amount of population being immeasurably against the whites. Since that time I have not been as well satisfied as to its efficacy: it has generally been given for the purpose of developing the rash when this has been too tardy. Iodine certainly possesses considerable power of stimulating the skin; a patient now under my care, always, upon taking iodine, breaks out with small pustules upon the face in a day or two after commencing it. It also operates powerfully on the kidneys; one of my scarlet fever cases passing water ten times in one day, each time the urine being large in quantity and very clear. One of our physicians has found benefit from it where there is a sort of chronic enlargement of the tonsils and glands of the neck, in the second stages of the disease.

I believe sweet spirits of nitre acts quite as much through the kidneys, as in any other manner, in removing febrile action: it is a mild, safe, and somewhat useful article in this disease; it is the only remedy which need be used in many cases, particularly when sporadic.

*Opium* I have tried in various combinations, and as a general thing do not like its effects. A physician, living not many miles distant, tells me that he has found the worst cases of coma in scarlatina yield to its free exhibition. This is bold practice, and although not deterred from its use by fear of inflammation, I should prefer to see its results before recommending it to others. In small doses it does not seem to quiet irritation or produce refreshing sleep.

*Capsicum* is unquestionably one of the most important remedies in the management of this disease; an article whose general use now, illustrates the illusory views formerly entertained by pathologists respecting the nature of inflammation. For a period I was entirely opposed to its use in all such diseases, from this mistaken view; but experimenting upon myself and seeing its utility, I have since freely employed it, and with increasing confidence. It is one of the best applications to the throat, particularly before ulceration. We are indebted to Dr. Stephens for its introduction into practice; he was in the habit of using it internally as well as by way of gargle. We have restricted ourselves too much to its local use; as a general remedy we should find it still more beneficial. The method I adopt is, to make an infusion as strong as the patient can swallow, either alone or with salt and vinegar, as recommended by Stephens; this last is, however, too fiery for infants as a general thing. Gargling is an extremely unsatisfactory way of applying it to the throat, as little or none passes behind the palatine arches, which close down against the root of the tongue, allowing only a little passage of air. If the fluid passed behind these it would run down the œsophagus, notwithstanding the upward current; even the tonsils are not bathed. It should

be used with a swab, or half a teaspoonful, very strong, occasionally swallowed. This, distributing itself over the upper part of the throat and œsophagus, does not enter the stomach and excite nausea as a larger draught might do, when taken thus strong. There will be found a vast difference between this method and the gargle, and I earnestly recommend its trial. In mild cases of fever this strong infusion is not needed; in very severe ones it will not be felt unless given hot and with spirit. Pepper acts rather upon the stomach as a local stimulant, and directly or indirectly upon the nerves of animal and organic life, but principally, I think, upon the latter; its general effects being infinitely less than its local, and it is totally different from brandy in its operation. The pulse is but little quickened, becomes fuller, and when very rapid frequently slower; in rousing the system in its torpid state it is invaluable. In the administration of the lobelia emetic, which by itself sometimes produces extreme prostration, the Thomsonians combine capsicum, which prevents that effect by invigorating the stomach. A poet has said, "fools rush blindly in where angels fear to tread." Now I don't mean that all empirics are fools, or all doctors angels, but that the experiments which have been tried for us by persons knowing, many of them, but little of physiology, and governed by mere theoretic principles, some of which have not the slightest foundation in fact, have shown the medical profession that stimulating, particularly with capsicum, is not as hazardous as has been generally supposed, especially in this disease.

When the fever has run on a few days, and there is great restlessness, wandering of mind, frequent small pulse, we shall find the following mixture extremely useful. R. Carb. ammon., ʒj.; g. camph., ʒj.; g. acac., ʒj.; aq., Oss. To a child of 10 years a tablespoonful may be given, *pro re nata*. Ammonia has been thought to control this fever specifically; it does it only as a local and general stimulant. Ammonia, at least the acetate, has been found to facilitate the progress of the blood through the capillaries. The acetate, in combination with syrup lemons and dulc. sp. nitre, has long been a favorite with me.

The following, called the chlorine mixture, has been highly praised. R. Chlo. potass., ʒij.; dissolve in ʒij. hydro-chlo. acid, dilute with ʒij. aq. dist., put in a stoppered bottle and keep in a dark place. When used, put ʒij. in Oj. of distilled water; the dose is from one to two tablespoonfuls. This I have not used. It is intended to act chemically on the blood, and is adapted particularly to typhoid states of the system. Several of my friends, who have used it, are hardly able to tell its effects; we may suppose, then, it is not decidedly beneficial.

It is necessary to remark upon the most troublesome of all the affections, the *sore throat*. The reason has been given why the throat should be so generally attacked; now, how is it cured? A strong liniment, or turpentine, is applied to the throat on flannel, and there retained as long as necessary to produce redness. Stephens's pepper tea is given as described above, from the very commencement of the disease, or as soon as redness is seen in the throat. If the patient is an infant, a little is poured into its mouth from a spoon, and when the fauces are particu-

larly swollen it should be thoroughly applied with a swab; the gagging of the child causes its more effectual application. If the child will open its mouth, powdered burnt alum is sometimes thrown in, or a swab dampened may be dipped in it and freely applied to the tonsils; either of these methods will almost always be sufficient. But if ulceration occurs, a strong solution of nitrate of silver should be substituted. There is little danger of its being too strong. I generally use from six to twelve grains to  $\mathfrak{z}$ j. aq.; in bad cases twenty would do better. Elliotson highly praises sol. chlo. sodæ,  $\mathfrak{z}$ j. to Oss. aq. I have rarely used it, preferring the remedies above mentioned. The fact is, the throat, though but an index of the state of the system, has such connection, that if disease here is controlled, we shall stand a better or rather a good chance of saving the patient. When it is very sore, and attended by acrid discharge from the nostrils and sordes on the teeth, we shall be pretty certain to find, sooner or later, cerebral symptoms, and we must especially regard this complication.

Many cases will be relieved by the application of leeches behind the angle of the jaws; but they must be used with discretion, and the flow of blood stopped if there is increasing rapidity of pulse, sense of faintness or coldness. Poultices are always advisable, and should be applied from ear to ear after the rubefacient, and they may be depended upon to give much relief; bread and milk may be used, and not a bad one is that which the Irish like, made of boiled potatoes mashed, and applied warm, as it retains heat and moisture a great while from its closeness of texture, being in this respect much superior to wheat. There is another singular application which has obtained considerable reputation in the neighborhood of Boston, namely, a poultice of oakum and spirit. It is said there is no danger of external abscesses on the neck when this is used. From its nature it appears to me that it may be useful, as besides the soothing effects of warmth and moisture, the exclusion of air, &c., we have the stimulating influence of the turpentine, making an application not unlike what Mott so strongly advises for bruises and sprains, warm vinegar and wormwood. I have often seen the patients in one of our large almshouses using oakum as a discutient.

With these remedies I believe we shall be able to accomplish all that can be done by local means. The general state must at the same time be carefully regarded, and we shall be enabled to control any inflammation likely to develop itself. A proper order in their use is requisite, for sometimes all the rest fail unless a little blood is taken first by leeches. When the nares are so obstructed by swelling that air passes through with great difficulty, and a snuffling sound accompanies every breath from copious effusion from the membrane of acrid fluid, the same treatment is necessary; but in addition, some of the washes, particularly the silver, should be thrown up with a syringe, using only a very little if the infant is young. I have seen such bad effects from blisters, that I am disinclined to their application on very young infants. Dr. Woodruff, of New Britain, who passed through a very severe and destructive epidemic a year since, told me he found, under such circumstances, a mixture of tinct.



myrrh and carb. potass., taken internally, of signal efficacy ; the mixture was made as strong as possible. It is probably a useful remedy, stimulating both the throat and whole alimentary canal, the mucous membrane of the lungs also, the potass. acting on the secretions of the bowels and kidneys, and correcting the acid state of fluids present.

Sometimes, after the disease has progressed mildly, the throat will swell a second time, or if it has not before, will now become so, and an intense fever arise or the patient sink in collapse. This seems a secondary fever, a little like the secondary fever of smallpox. These cases do not require a tonic treatment, as might be supposed from the stage and time of attack, and even bear general and local depletion better than at an earlier period. Colchicum will here be found very useful. Diffusible stimuli may be required if the patient is really weakened by the progress of the disease, or any other debilitating cause, except the direct action of the poison on the system, in which latter case the acrid stimuli will be found superior. Diffusible stimuli, given without judgment, are perhaps almost as injurious as injudicious depletion ; the acrids are not capable of equally bad effects under similar circumstances. As a general rule, the typhoid state is to be managed much as the same condition in common fever.

Suppuration of the tonsils and glands behind the jaw, not unfrequently give rise to most troublesome and even dangerous consequences. The following case fell into the hands of Dr. Woodruff, of New Britain. An abscess had opened behind the jaw. One day Dr. W. had nearly reached the house of his patient, when the mother of the child cried for him to hasten, as the patient was bleeding to death. He ran in and found a torrent of blood pouring out in rapid jets from the opening. Without delay he plunged in his fingers to the bottom of the wound and compressed the artery. Having no other styptic at hand, he seized a bottle of creosote, dipped a large piece of cotton into it, without regard to quantity, supposing the child must die at any rate, slipped the cotton under the finger, then gradually introduced one and another morsel until the cavity was completely filled. He proposed then to the father to send to the city and get some one to tie the carotid, but the father opposed, saying the child must die at any rate, and might as well die as it was, as cut to pieces ; a true Irish sentiment (he was an Irishman). Dr. W. then told the man to keep his finger on for twelve hours, and not remove it until his return ; at the end of this time he allowed him to ease up, and as no blood appeared, to take it off. Next day, for some reason or other, Dr. W. removed the plugs entirely, yet there was no more bleeding, but the carotid (external), eaten completely off, stuck up in the bottom of the wound with open calibre. The child recovered, and extremely slight pulsation can be detected in the temporal and facial arteries of that side, although a year has elapsed. This case proves the great styptic power of creosote, and also that as a remedy it is less dangerous than has been supposed, for Dr. W. put in a very considerable part of a teaspoonful. Dr. Welch, of Wethersfield, lost a case from ulceration of one of the jugulars ; the case was the more remarkable, as it was

from a second attack of scarlatina. Other similar cases are frequently seen reported in the medical journals. These terrible accidents are, however, comparatively rare, considering the frequency of abscesses and their deep situation. When suppuration occurs, it is to be treated on general principles; the great point being to prevent its taking place, a thing generally accomplished by the treatment recommended above. When these swellings become indurated, iodine internally and externally will be very useful, particularly the iodide of potassium.

[The conclusion is unavoidably deferred till next week.]

#### THE BI-LATERAL OPERATION IN LITHOTOMY.—OSTEO-SARCOMA.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I was gratified with the opinion given some while since in Dr. Hays's Journal, by that eminent surgeon, Dr. J. C. Warren, of your city, in favor of the *bi-lateral* operation in lithotomy, and the statement that he had practised it much to his satisfaction in the two cases in which he had tried it.

Within the last fifteen months I have operated in this method upon five patients, all of whom recovered speedily. The last, a gentleman of 38 years of age, was able to leave, by boat, for his home, 150 miles distant, on the 19th day after the operation.

With a scalpel rather narrow, I make the superficial incision crescentic, with its convexity anterior, and cut upon the staff at the usual place, the membranous part of the urethra. I then pass a straight, probe-pointed, narrow bistoury, its edge turned towards the left side, along the groove of the staff into the bladder, and slide the point of the left fore-finger upon the back of the bistoury, pressing it upon the prostate to cause a division of that body sufficient to admit the extremity of the finger into the bladder; the staff is then withdrawn, by an assistant, and the prostate further divided if necessary. The finger is then rotated, so as to bring the palmar surface of its point to rest upon the right side of the prostatic portion of the urethra; next the bistoury is turned, and the right side of the prostate divided, *ad libitum*, under the guidance of the finger. The stone is then extracted; if small, with the scoop—if large, with the forceps.

This mode of making the section of the prostate is to be preferred to that which is done by Dupuytren's double-bladed, concealed bistoury, as the blades of that instrument are so slender as to yield considerably, making a section of the parts less in extent than the distance between the edges of the blades when projected from their grooves, and still narrower if a little dull than when sharp. If, previously to the operation, a satisfactory estimate of the size of the stone has been gained, the deep section of the parts with the straight, probe-pointed bistoury, guided by the finger, may be made in conformity with that estimate. When a large stone, in being extracted, hangs in the prostatic or muscular opening, the latter of which is probably the most common, a

narrow, straight, sharp-pointed bistoury may be carried along each blade of the forceps in succession, and the tension relieved. I am in the habit of leaving a piece of elastic gum catheter in the wound for two days, to give a sure outlet to the urine.

The bi-lateral operation for stone has an advantage over the lateral in giving greater security against injury to the rectum and the pudic arteries; and in exposing not at all the vesicular seminales and the plexus of veins at the neck of the bladder, as the lateral does, when the deep-seated section of the parts is made to correspond in direction with the superficial incision. On the whole, I regard this operation as far more safe than any other operation in lithotomy which has yet been invented.

In a case of osteo-sarcoma of the lower jaw, I have recently removed more than one half of that bone, and disarticulated it without dividing the duct of Steno or the facial nerve. By leaving these parts untouched, the risk of a salivary fistula was avoided and the symmetry of the face preserved—objects of some importance to the patient, a young lady, whose beauty, which had been often spoken of, was but little impaired by the operation. The wound was *entirely* healed in two weeks.

In a case of osteo-sarcoma of the os humeri and the scapula, I removed, in July, the arm and the entire shoulder-blade, with the acromial half of the collar-bone. The patient, a man 36 years old, left for his home in two and a half weeks with the wound healed, except that two ligatures upon arteries remained. This patient has lately written me that he enjoys fine health, better than he has had for several years. The disease commenced more than three years ago, and at the time of the operation presented, just below the shoulder-joint, a tumor about twenty inches in circumference.

Yours truly,

Cincinnati, Ohio, Oct. 17th, 1845.

R. D. MUSSEY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 19, 1845.

### NEW MEDICAL WORKS.

*Manual of Auscultation and Percussion.*—Notwithstanding the multiplication of these guides in practice, they are none too numerous. If the simple rules laid down in this or any other similar production enable us to prescribe with certainty, from a knowledge of the real condition of interior organs obtained by auscultation and percussion, the achievement is one that should interest all intelligent practitioners. The Parisian physicians are accurate observers of the diseases of the chest—and by them auscultation has been reduced to an accurate science. The little work to which these observations have particular reference, is of French origin, being, as the preface declares, a *Resumé* of the second edition of Barth and Roger's treatise, with the addition of a new series of remarks on percussion. The translator, Dr. Francis G. Smith, of Philadelphia, has incorporated such additional matter as he thought might enhance the value of the



whole. Auscultation is explained, general rules are laid down, and each sound that the ear recognizes, in exploring the thorax, is completely illustrated. Published by Lindsay & Blakiston, Philadelphia.

*Manual of Diseases of the Skin.*—Every one conversant with the numerous forms of disease to which the skin is incident, will appreciate a book that explains the true character of each form, and especially so, if the means of cure are also indicated. Messrs. Langley, of New York, have brought out a small treatise, well known in the French language, written by MM Cazenave and Schedel, to which notes and additions were prefixed by Thomas H. Burgess, M.D., in England, and now revised and corrected, with additional notes, by H. D. Bulkley, M.D., a reputable lecturer on maladies of the skin in New York. Thus much for the origin of the Manual. Its very compactness is a strong recommendation, since it costs but a trifle, and therefore is perfectly within the means of all who are ambitious to prescribe understandingly in this perplexing field of practice. It is worth recollecting, in regard to the bibliography of this department of practical medicine, that some of the most costly works known to the profession, are in reality of no more value in aiding to a successful result, than this unpretending manual.

*Animal Chemistry.*—An important subject, and one requiring the highest order of intellect to treat with that faithfulness to which all must acknowledge it is eminently entitled. Dr. J. F. Simon, of Berlin, a man eminent in the science, is the author of a work entitled "Animal Chemistry with reference to the Physiology and Pathology of Man." A translation was made in England by Geo. E. Day, of the Royal College of Physicians, and Part I. has been re-published at Philadelphia by Messrs. Lea & Blanchard. It is apparently a book of a high order, addressing itself to men of enlarged views. A vast catalogue of topics are discussed. In that division which embraces the circulating fluids, the learning, patience and profound attainments of the author are exhibited. Whenever the second Part appears, we shall resume our observations, and endeavor to do the whole that justice which it should receive from all.

*Anatomical Remembrancer.*—One of the handiest pocket conveniences imaginable, for a medical student, while attending lectures, is a little work called the Anatomical Remembrancer, not much larger than a rich man's wallet. It contains a concise description of the bones, ligaments, muscles, viscera—the distribution of the nerves, bloodvessels, absorbents, &c. This is the first American edition, published by S. S. & W. Wood, New York. By carrying one of them in the cuff of a coat sleeve, the wearer, without much effort, by consulting it often, would soon become quite familiar with many difficult points in anatomy.

*Urinary Deposits.*—There was a period when those who pretended to form a judgment in regard to the diseased action of the body or any of its individual organs, from an inspection or analysis of the urine, were the laughing stock of the faculty. At this time, however, urinary deposits, their diagnosis, pathology and therapeutical indications, are recognized as being worthy of careful observation; and, in fact, it is impossible to keep pace with the onward advancement of practical medicine, without studying this sure, but much-neglected, or rather over-looked, method of investigation. Men of the right qualifications have reduced the signs of incipient disease almost to a certainty, by examining into the chemical character of some of the urinary deposits. A neatly-printed, methodical

book, on this subject, by Dr Golding Bird, a well-received lecturer at Guy's Hospital, recently published, is divided into eleven chapters, in which are embraced all possible points that can interest the practitioner.

This, as well as the works above mentioned, may be found at Ticknor & Co.'s, Washington, corner of School street, where medical gentlemen can well be accommodated from the large and choice variety of medical and surgical books on sale.

*A Complete Treatise on Venereal Disease.*—A copy of the most elegantly-illustrated work on the venereal disease, which has ever been published in this country, was received from New York last week. It was written by William Acton, of the Venereal Hospital, Paris, with additions and colored plates, and is from the press of J. R. Redfield. A synopsis of the contents, with observations upon the merits of the treatise, will appear as soon as it has been thoroughly examined.

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*Compound Catheters.*—Instead of the long silver male catheters, of the olden time, in shape the worst things imaginable to pack away in one's pocket, they are now very generally made in two pieces—the shaft being separated in the middle by a lock clasp, so there is no danger of being separated while in the urethra. By sliding on another fashioned portion, it is at once converted into a female catheter; or, by undergoing a further modification, becomes something else, quite convenient in manual surgery.

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*Manufacture of Salt, Lard and Oil.*—Among other matters of interest alluded to in the Annual Patent Office Report, in the department immediately under the eye of Dr. Paige, notice is taken of an important improvement in making common salt, for which a patent has been granted. It consists in heating the brine at the surface instead of the bottom of the boiler.

Dr. Paige, who is a close observer, notices an ingenious improvement, also, in the preparation of lard oil, for which the inventor has taken out letters patent. Solid tissues, containing fat, are subjected to pressure, before trying out. Both lard and oil produced in this way are sweeter and purer, and will keep much better under any modification of climate.

A foreign patent has secured to its possessor an ingenious way of purifying oils, by passing air through the mass when in a heated condition. For soaps, particularly, it appears to be a valuable improvement.

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*Leprosy in China.*—Cutaneous affections, says Mr. Peters, are very common amongst the Chinese, who appear to be ignorant of the efficacy of sulphur or other simple remedies. The most pitiable objects are those affected with leprosy, which they consider both contagious and incurable. When a person is discovered to have this disease, he is at once abandoned by his friends and relatives. In the south-western provinces that loathsome malady appears to be most severe in character, owing, it is conjectured, to the humidity of the atmosphere. A government lazaret exists in Canton, especially for the reception of lepers. Still, it would appear that the poorest and most wretched, who need public assistance most, are permitted to roam through the city unmolested, and uncared for by the city authorities, the pest of people in the streets, and a perpetual annoyance to shop-keepers.

*Tying the Subclavian Artery within the Scaleni Muscles.*—From the Surgical Reporter, we learn that on the 14th of October, Dr. J. K. Rodgers, of New York, performed the extraordinary operation of tying the subclavian artery of the left side, within the scaleni muscles, in presence of many distinguished medical gentlemen and students. The editor says that "the operation on the left side is considered by most of our distinguished surgeons of the present day, as being unjustifiable and unwarrantable, owing to the importance of its anatomical relations." Four times the artery has been tied by Dr. Mott, of that city, just without the scaleni muscles, successfully. In Dr. Rodgers's case, the patient did remarkably well till the 26th of the month, when secondary hemorrhage ensued, which could not be arrested, and the patient died on the 28th, being the fourteenth day after the operation.

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*Stockton's Dental Intelligencer.*—On examination of the first No. of the second volume, published at Philadelphia, Nov. 1, a great improvement over the first series is discovered. The form, mechanical arrangement of the pages, and the character of the matter, are essentially superior to those of the last year, and the work would be of constant value to any operative dentist. Each No. contains twenty-four pages duodecimo, published monthly at one dollar only a year.

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*Surgical Cutlery.*—Mr. Burnett, Tremont Row, in this city, has recently received another invoice of French surgical instruments, of very beautiful workmanship. Notwithstanding the fact that foreign instruments are exceedingly elegant, especially those from the Paris manufacturing houses, there are, perhaps, none of them which cannot be made equally well in Boston. No cutting instruments can have a finer edge or a higher finish than can be given to such as are manufactured in this city. We have such a predominant love of country, that any encouragement given to native artisans is considered in the light of a direct favor, since it shows how perfectly independent it is possible for us to be of all European cutlers, in respect to surgical apparatus.

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*Sal Aratus.*—For a long time, an economical method of manufacturing this important article in house-keeping, was to suspend the carbonate of potassa over tubs containing fermenting liquors, in distilleries and breweries. The carbonic acid gas, in combining with the carbonate, changed it into what is commonly known as sal aratus, or super-carbonate of potassa. It is now proposed, since the old system seems to have been generally abandoned, to impregnate the salt by the carbonic acid from an anthracite coal fire.

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*A Case of Compression of the Brain.*—C. S. Browning, æt. 37—proprietor of the Beacon Race Course, just back of Hoboken, N. J., was thrown from his horse at a hurdle race, on the 5th inst., when leaping the bars—he struck on his head, and was taken up insensible. A physician was immediately sent for, who in accordance with the popular opinion of the non-professional, bled him directly, without waiting for re-action to come



on. We did not learn what other treatment was practised; and although we are exceedingly slow to condemn the practice of a professional brother, we must say that we are not a little surprised, to see any one in this enlightened age of surgery, put in practice the absurd and ancient custom of blood-letting, in either concussion or compression, before re-action is established. We are aware that the medical attendant is frequently blamed, and even abused by the rabble, if he does not use the lancet at first in such accidents; but he should know his duty too well, to have his mind swerved in the least by popular notions. Stimulants should be used to bring on re-action. In the case of Mr. Browning, re-action did not come on at all, but he remained insensible from the first until he died.

Dr. Mott was sent for very early the next morning after the accident, and performed the operation of trephining, at the anterior inferior angle of the parietal bone. He used the small-sized instrument, and as soon as it cut through the bone on one side, the blood gushed out, and continued to ooze until Dr. M. left, although he did not rally.

There was no fracture of the skull, but considerable blood effused about the base of the brain. The operation was performed with a view of relieving the brain of the extravasated blood, presuming that the middle meningeal artery was wounded. The patient died in a few hours after the operation, being nearly moribund when Dr. Mott arrived.—*New York Medical and Surgical Reporter*.

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*Cement for the Teeth.*—In consequence of the imperfection of the plans proposed by the different dentists to fill the cavities of decayed teeth, M. Ostermaur recommends the following composition with some confidence. It closely resembles, both in solidity and whiteness, the natural enamel. It is composed of thirteen parts of caustic lime and twelve parts of anhydrous phosphoric acid. The lime ought to be chemically pure and finely pulverized, and the phosphoric acid should be obtained from the combustion of dry air. The two substances must be quickly mixed, when a white powder, becoming moist during the process, results. The hollow of the tooth, having been previously dried with wadding, should be filled with this powder; and the surface levelled, smoothed and then moistened with a little water.—*Gazette Medicale*.

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*African Pestilence.*—A steam sloop, the *Eclair*, and another called the *Growler*, both from the coast of Africa, have brought with them the seeds of a pestilence that has germinated since their arrival in England, to the no small alarm of the civil authorities at the east end of London, lest the fatal disease should be propagated on shore.

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MARRIED,—At Randolph, Mass., Dr. Frederick Howard to Miss A. W. Tolman.

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DIED,—At Nashville, Tenn., Dr. John B. M'Farland.—In England, Mr. Bernard, one of the surgeons of the British Steam Sloop *Eclair*.

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Number of deaths in Boston, for the week ending Nov. 15, 29.—Males 19, females 10. Stillborn, 3. Of consumption, 9—canker, 2—croup, 3—smallpox, 1—erysipelas, 1—disease of the bowels, 1—convulsions, 1—cholera infantum, 1—typhus fever, 3—child-bed, 1—old age, 1—scarlet fever, 1—disease of the heart, 1—dropsy, 1—dropsy on the brain, 1—unknown, 1.  
Under 5 years, 9—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 3.

*Death from Mental Emotion a Result of Workhouse Discipline.*—Before his lamented death, Dr. Houston related the following case to the Dublin Pathological Society.

"It was that of a woman of peculiarly sensitive mind, of 40 years of age, a widow, and the mother of an interesting little girl. She had been the daughter of a respectable medical man, but through a succession of adverse fortunes, was at length forced to seek admission to a poorhouse. She now, for the first time, learned, that according to the strict discipline of the house, she must become separated from her child. At the instant of receiving this intelligence, she was seized with a violent palpitation, that ceased only with her life. The power to sleep seemed also to forsake her at the same moment. An universal fever seized her: she was removed to Cork street Hospital. The physicians examined her, and could find no evidence of disease, except a beating in the upper part of her neck, which they imagined to be an aneurism. At the summit of the sternum, immediately between and separating the sterno-hyoid muscles, was a manifest pulsating tumor, diastolic, visible to the eye. What the nature of this tumor was, they hesitated to decide, but as to its existence there could be no doubt.

"She was placed under some anti-hysteric treatment, and seemed to improve, when she heard that, through the kindness of some friends, admission was obtained for her daughter into a charity school. She was not in a condition to reason on the propriety of submission under such circumstances; her weakened mind could only dwell on the fact of being again separated; this second shock was fatal, and she died in a few days.

"On examination, no lesion of any organ could be detected. The arch of the aorta, that had been supposed to be the seat of an aneurism or some other tumor, was perfectly healthy, nor could anything be found to account for death.

"Dr. Houston closed by observing that this was a single case; where death seemed undoubtedly due to the operation of poorhouse discipline. How many instances of death or madness may have passed unrecorded, inflicted by a stern interference with the instincts of humanity!"—*Dublin Hospital Gazette*.

*Both Kidneys on the same side of the Spinal Column.*—Dr. J. REID narrates the following rare anatomical anomaly:—

"When in charge of the dissecting-rooms in Old Surgeon's Hall, Edinburgh, I found that in one of the bodies which was being dissected by the students, the kidney was wanting on the left, and that there were two kidneys on the other side. The one was placed below the other, and the lower end of the upper one, and the upper end of the under one, were fused together. The renal artery supplying the upper kidney was given off by the aorta, near its usual origin; the one supplying the lower kidney arose from the aorta, near its division into the two primitive iliacs. The ureter from the lower kidney passed across the mesial line, after entering the pelvis, so that these two tubes entered the bladder in the usual manner. The preparation is now in my collection. A case where the kidneys presented exactly the same appearance is described and figured by Dr. John Hunter, in the third volume of the 'Medical Transactions of the College of Physicians in London,' vol. iii. p. 250, 1785,"—*Cormack's Monthly Jour.*

# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 17.

### DR. CHANNING'S INTRODUCTORY LECTURE.

[Continued from page 317.]

THERE is a moral quality of the profession to which I will for a moment allude. I mean its *Cheerfulness*. Physicians are cheerful men. How explained? The moral faculties are constantly in healthful activity, and the same is true of the mental. A physician is not using his mind directly, and constantly, in open competition with his brethren, as is the merchant. He is not in the market, and bringing into hourly use that sagacity which shall result in the best bargain. He is not as the lawyer daily confronting others, and in the stern conflict of great argument laboring for his client, and most effectually doing so by the temporary destruction of those opposed to him, and the certain and continued destruction of their client. The medical profession is indeed a warfare. It daily fights a great battle. But it does not contend for moral or intellectual victory. There is no money at stake. The physician's greatest success may bring with it the least pecuniary reward. His success has no necessary relation with money, or with fame. Suffering, exquisite pain, is in his path, and it is his office to remove it. Death is before him, and it is his mission to avert it. He sees life in all its aspects, its darkest and its brightest. Here is kindness which never faileth. It sits by that bedside by night, and by day, and with an angel's spirit ministers to that agonized frame which tosses there. Here is equal suffering, a deeper misery, and the tender mercies of those who minister to it, are only cruel. The profession is in the public and private confidence after a manner in which no other one can be. Delinquency in all its forms declares itself to the physician with "miraculous organs." Now how active is that soul which has its life in such duties. How healthful is that activity which has for its great occasion the removal of moral and physical disease and misery. How cheerful must be that mind which has such duties, and which are performed with an undying faith in their own success. And success is their result. Recovery from disease is the rule everywhere. Death is the exception. The student of medicine enters upon this professional life because of the truth of these propositions. He lives in, and for, their verification. The profession is cheerful because it is healthful. Its longevity does not equal that of some other modes of life, but it is still great. Its health is the direct product of its physical exertion, its exercise. No matter how irregular be the physician's habits. He may



hardly have time for eating, and none for sleeping. He may be exposed to all extremes of temperature, be drowned with the rain, or choked with the dust. There he is abroad, facing the whole brunt of it, and his escape from what such exposure might bring to other men, is the consequence of the fearlessness of his life, of habit, of cheerful submission to the contingent, nay, the inevitable. Physicians are often asked, when the most malignant epidemics exist, and they are in the very midst and pressure of them night and day—physicians are asked how they escape in the general death? Is it not because of the fearless, firm, nay cheerful minds and hearts which they carry with them into the sick man's chamber; and because they go there on the highest mission which is given to man? Is it not to the physical and moral health, which the whole preparation for the profession, and its whole duties bring with them, that the alleged exemption may be ascribed? Men have fled from the field of danger. Physicians fled from the Asiatic cholera, that dreadful disease, which Magendie said began with death. But such men wore the professional armor lightly. They had not its spirit. They quailed before the enemy. They were not of us. They might have died, had they not fled. Is not the physician cheerful, too, because he is a temperate man, finding his pleasurable excitement in permanent stimulants, a good conscience and a noble work? Is he not cheerful, because he is not a speculator, in the business use of the word, and has no fear of a fall in the funds, or in prices? Is he not cheerful because he has too much occupation with the depressed and the morbid in others, to give much time or thought to what he might hunt up in himself?

However it may be in regard to this quality of cheerfulness in the profession, do not let it be for a moment imagined by the student that medicine is without its trials and its sacrifices. It has both. Its confidence brings with it pain as often as pleasure. Human nature is revealed to the physician in and by sickness, in its weakness as well as in its strength. The heart here discovers its bitterness as well as its joy, the mind its weakness as well as its strength. Delinquency, the gravest moral delinquency is among the revelations of medicine. At times they are the conditions, the sole conditions, of a true treatment of disease. But let me say here, that whatever our profession discovers to us of the kind referred to, it comes to us as a *medical* fact which is never to be disclosed. Except for the defence of justice, in a court of law, never let the student suppose for a moment that what he is to be professionally made acquainted with, is to be uttered by him, however confidential he may design his disclosures to be. He is with his patient, and before the public, a physician only. His mission is to treat disease, and to know what disease is, he must be in possession of all its causes. This is the limit of his professional relations, and let him, as he loves justice, honor, and a true fame, never, never in thought even, pass beyond it. The limitations of our responsibility, if such we have, will be considered in that part of my lectures on Medical Jurisprudence which includes medical ethics.

But the confidence of medicine does not contain all the trials of

the physician. His profession is a life. It has not term time and vacation, alternating in fixed order, as has the Law. It is not with it as with the mercantile life, "spring business, and fall business." And it has not the privilege of the clerical calling. "The Sunday dawns no sabbath day" to the physician. He is a minute man in every sense of the word. "Be good enough," said one to me one day, "just to sleep with one eye open, we shall want you soon, and you know there will then be no time to lose." "The doctor says he cannot come!" exclaims another, "he is eating dinner! What business has a physician with dinner! Send for somebody else." "Confound that bell!" exclaimed a friend one day, "I believe it has at last learnt to ring of its own accord, and sets to always just as I get home!" Matthew Baillie, physician extraordinary to the King, and author of the *Morbid Anatomy*, had at the close of a most disagreeable winter's day, got home from an unusually fatiguing day's work, and was in the comfortable process of warming himself before a most genial fire, preparatory to his dinner. The London dinner hour was then six. Everything went well, and the doctor had experience of one of the pleasures of the profession, complete rest and true comfort after hard work. It was a "fearful joy," for in the midst and pressure of it, the street door bell rang, and the servant entered, saying, in his wonted quiet way, that Mr. Somebody, residing in a distant and obscure street, wished the doctor to visit him immediately. The very manner of giving the message seemed offensive. "Tell him I won't," was the answer of Baillie. The servant shut the door gently, and was slowly on the way to give the answer. He had gone but a step, when the bell-rope was in the doctor's hand—it was pulled "with a will," I assure you, and the servant retraced his steps. Dr. Baillie met him at the door. "Tell John to put the horses to, and drive the carriage round." Now I know not how Dr. Baillie became king's physician, and there may be differences of opinion touching the value of the *Morbid Anatomy*, but there can be but one opinion held of his character, as illustrated by this anecdote. We feel that he was a man, a noble, a great man, and instinctively pay to him the homage of our "large honor," and love the profession which by its stern discipline, its daily trials, made such a man. Now Baillie had known the trials referred to, in their diverse forms. Allied to the Hunters, and to Sir Everard Home as he was, and having an excellent mind, and that faithfully cultivated, it was not till he was between 40 and 50 that a just estimate of him had been made. His business was small till after that time. But you see the heart-sickness of hope deferred, if he ever felt it, had not soured him. He did not come into full practice, public, nay regal confidence, bringing with him a cherished sentiment of ill-will toward society, or a soured temper, out of that earlier neglect. No. He came with his moral and intellectual natures not in antagonism, but in perfect harmony. The physical might in its weariness and weakness disturb the balance, as in that answer to the poor man's messenger. But it was only for a moment. And with what exalted dignity, with what celestial brightness, may I not say? did the man, the divine in him, in a moment declare itself! It were easy to cite instances of a like conquest

of the profession where there were many circumstances to produce very different results. I have preferred to find an illustration of one form of sacrifice which it demands, in a fact out of a distinguished and great life.

But trials and sacrifices are not only or principally physical in their nature, as are those just hinted at. The mind and the heart, too, have now and then stern demands made upon them, and which they are forced to meet.

A topic remains, which I approach with misgiving, but which has too near a bearing on our subject to be passed by without notice. I refer to the present state of the profession in regard to the public estimation of it. By some this is not thought to be what it once was. We are told that the ancient reverence in which medicine was held, is decayed, and that the public confidence in it is lessened. Whence this opinion? What are its causes? If it be in the position of the profession at the present day, that the altered sentiment has place, what has produced the state?

The causes may be general, and special. In the first, we find the time in which we live. It is an age of thought, of speculation, of dissatisfaction with the present, of change. It is an age of reform, a word unmusical to many ears. The power of mere, naked authority, quails in such an age, to the demand made on all sides that it make clear its claim to respect, to defend itself against the aspiration, the hope for better things. The past is summoned, is made to take its place by the side of the present, and to show cause why its authority may not be questioned, and abrogated. We may see the illustration and proof of the ground here taken, in the diminished authority of the church, as declared by the failing power of creeds over the general mind. It is very striking in legislation, as showed in the altered and milder character of law. A professional proof of this may be found in the view taken of Sir James Graham's "Medical Bill," which has been so long so burdensome to the British Parliament, and which proposes to increase the penalties for irregular practice, and to give back to medicine its old authority in the state, by the power of law. One of the most conservative Journals in Great Britain, the *London Quarterly Review*, open before me, has a sentence which is conclusive concerning this matter of increasing penalties against irregular medical practice. It occurs in a review of Sir James Graham's Bill. "It is needless to discuss the question whether the legislature ought to interfere on such occasions, when it must be plain to every one that it is impossible for them to do so, and that the most stringent statute having this object in view would be from the beginning a mere dead letter. Napoleon's Berlin and Milan decrees could not prevent English manufactures from finding their way to the Continent; and the instinct which leads us to struggle for the preservation of life is a more powerful agent than the desire to have the best calico and cutlery." *Lond. Quar. Rev.*

A society in London, deeply interested in the suppression of the slave trade, has recently petitioned Parliament to have the naval force withdrawn from the African coast, as it has been ascertained that its presence increases the dexterity and vigilance of the slaver, and adds more power and success to the piracy.



Within a very few years the Medical Society of this State surrendered the law which in intended kindness to the profession gave to its members exclusive power to collect its debts for professional services. In these and similar facts which distinguish the age, I look for some of the causes which, as has been alleged, may have diminished the public authority of medicine. But others have acted more directly. The effort has of late been to make medicine popular, to unfold its mysteries, and unconsciously to make every man, woman, and child too, his, her, or its own doctor. In this work, medical men, educated physicians, have entered as freely almost as has the more interested quack. And how? Look at the popular education. The schools are filled with books on anatomy, physiology, hygiene, physical education, chemistry, botany, and what not, prepared with great care to teach these several branches of medicine. We have popular lecturers, men and women, who give regular courses on anatomy, and physiology, and means of preserving health. Yes, we have it advertised in large letters, on large bills, that Dr. — will lecture on such evenings to *men alone* on matters which it behoves them to be anatomically, physiologically, and pathologically informed about—and on such evenings to *women alone* on kindred matters of interest to them. The female lecturers judiciously confine themselves to the peculiarities of their own sex.

Now look about fifty years back. See how these matters then stood. We had indeed Willich and Buchan, but they were not then parlor books. We had anatomical lectures in the medical colleges, but we did not make anatomy a tea-table topic. To wear a false tooth was made a question of morality, since it was considered a mode of obtaining goods under false pretences. And dyspepsia was eschewed from the common talk, as it involved particulars which might not be discussed to ears polite. Now teeth are talked about, as is the weather. Dentists have their friends, almost their parties. Men have bowels, loose, or costive, and women have *spines of the back*. Is it at all to be wondered at that medicine, whose mysteries were once so sacred as to dwell in temples, whose words were oracles, and whose deeds were of the gods, and which at a later date was so far removed from the public stare—is it to be wondered at that medicine should have lost something of its earlier veneration, now that it is taught in the nursery, and lies so naked upon the very surface of society? If there be truth in all this, what is the duty of the student in regard to it? His duty here, as in regard to the whole profession, is to make perfect preparation for what he will be called on to do; and in regard to the public, always to labor for its highest present good, and to secure to the utmost of his power what good he may now do, to both his profession, and to the public, for all succeeding times. Never let him condescend to minister to a depraved public taste: but ever seek the true dignity of his calling by contributing to its certain advancement.

Other causes have wrought to a like end with those named, and they deserve more special notice.

First, the popular literature of the profession. What is this? It consists in works on the diseases of children, of females, of mothers, on

the management of consumption, syphilis, &c. They are written by physicians, have glossaries for explaining medical terms, descriptions or definitions of diseases, with recipes in English to suit. These works profess to be addressed to the profession as well as to the public. To the former they are utterly useless if the profession be duly educated. To the latter they must be worse than useless, seeing that the public in this regard, and for such purpose, is not educated at all. These works are designed to show what should be done in slight diseases, or in the beginnings of the graver, and which beginnings are for the most part, as the physician knows, but the incipient movements of the gravest. And to whom are they to show this? To mothers, and nursery maids, since the man of the house has nothing to do with this domestic literature, unless to take a prescription now and then from the powers above stairs. In other words, these popular works suppose that the persons referred to understand the distinction between diseases, the *diagnosis*; and the disease given, they have only to turn to the treatment. Nothing to my mind is more absurd and injurious than all this. The physician is to be sent for if things grow worse. The parties do not commonly know if this be the case; and if they do, they will not probably send for the physician till his office is useless, or if not, not until the case has become so complicated by what has been done, that it is by no means easy to say what may be safely done next.

I would not exaggerate the trouble or the harm produced by the books in question. I think it unworthy the profession, and unjust to the public, to scatter in its paths books which cannot be understood by it, and which in place of producing knowledge, is only giving injurious activity to ignorance. There is less to my mind to complain of in the veriest works of the most unprincipled quackery, than in these which come from the regular faculty. They often place it below the most unqualified empiricism. What can be more annoying than to be met at the chamber door of a patient by a friend, a female friend, with book in hand, welcoming us by reading the history of the disease, and then telling us of remedies and results, adding that calomel and bleeding were now necessary, but she really was unwilling to meddle with mineral poisons, or with edged tools. He who may *consult* with such a practitioner violates a law of the Medical Society of this State, and exposes himself to its severest penalties.

Turn now from these popular lights, and very popular medical guides, to another portion of popular medical history, that we may know more of the causes which may have affected the good name of medicine, or given rise to the opinion under consideration. I refer to the daily forthcoming new doctrines of disease, and the no less new methods for their treatment. Why do men, and women, and children, die now-a-days? The hydropathist tells you the physician kills them. The homœopathist, that it is allopathy which daily slays its thousands. The mesmeric seer ascribes the bill of mortality to neglect of mesmeric medicines—and the Anglo-Saxon *medicine-man*, with his white skin, says faith only is wanted in the Great Spirit. The world is full of sure means of an earthly immortality, and still men die. I refer here to a portion of the medical

history of the day, and if measured by numbers, an important one. These are among the modern contrivances by which men seek to live themselves, and to make live others. And who sustain them in their Legion numbers? I answer, men for whose judgment, in other matters, we have respect. They have advocates, women as well as men, of rank, of wealth, and of talent. I remember when there was a little secrecy in this matter. But none exists now; and men and their large connections, give in their allegiance to some new system. They have for it the strong attachments which deserters from the old, and advocates for the new, generally have. They are jealous for their system, and the regular should be cautious lest in questioning their faith, he spring a mine which may bury himself. Elliotson, so widely known for his writings, a professor in the London University, and a hospital physician of established character—Elliotson sacrificed both, and more, to his conversion to mesmerism. It was nothing to prove to him that his mesmeric subjects had wholly cheated him, that they were utterly abandoned in character, and so wholly unworthy his confidence. He kept the faith. How easy were it to furnish here illustrations of the power of hydropathy and of homœopathy over minds which in regard to other subjects claim our respect, and from whom we cannot withhold it.

How have these things diminished public confidence in the profession?

First, by withdrawing from it the active patronage of men whose favor was to be desired. This, however, I regard as the least of the agencies which have injuriously reached our profession. I think indirect influences have done much more. Among these I rank the manner in which new doctrines have been met by medical men, and especially that in which it has been proposed to treat their professional advocates. I have already referred to what is now attempted to be done in England by the Medical Bill before Parliament. It is proposed in that Bill to prevent irregular practice by law. The same has been recently done in some States at home. And what I think still more injudicious, physicians have been expelled from medical societies because they have adopted some of the new methods of practice. The followers of Hahnemann have in some cases been so treated. I have no sympathy with this doctrine; and still I would not deny professional fellowship to those who have such sympathy, who for years have stood with respect in the medical ranks, and who have left them for what they believe either better for themselves, or for the public, or for both. I am free to say, however, that I think that he who has made a copartnership of the old system with the new, and who leaves it with sick men, women or children, to determine by which mode to be treated, has done that which demands the utter neglect, if not the contempt, of the profession.

And how have these new doctrines affected the profession through those who remain faithful to it? The opposition which they encounter increases the interest of their friends in their defence. They consider it an interference with their right of judgment in matters which most nearly concern themselves. The early professional teaching of the public above referred to, the professional class, and other popular books,



have made them judges, and they will use their knowledge. The new method is so simple that a child may understand it. And the medicines in some cases are so minute in dose that they can do no harm. Their virtue consists in the character of their agency, this being as little felt by the sick, as by the drugs themselves. The domain of the transcendental belongs to the new doctrine, and he who has adopted it, has been, by that act, made free of that limitless republic. What now can professional opposition to all this do but strengthen its power? It brings itself into comparison with it, and where the public interest enters into the judgment, it is not difficult to see to which side it will turn.

A question arises, should not the profession examine pretensions which are at all sanctioned by the time through which they have lived, or by the numbers and characters of those who have supported or do support them? Is it not due to the public, that those who have long had its entire confidence should so far guard its most important interests as to give time and thought, deep thought, to that which threatens to disturb it? May there not be some truth in the new? Is it wise to believe, and practically to say, that there is nothing more to learn concerning medicine? Has any one of the new methods been examined on its merits? Has it not been treated on its earliest promulgation, with contempt, as having no merits at all?

There is another fact in the history of irregular practice, quackery so called, with which the student should early be acquainted, as explaining or accounting for some of its power. It has been frequently resorted to when the regular practice has withdrawn itself, or declared that it could do no more. And what is true in some such cases of irregular practice, the so judged incurable have sometimes recovered. The expediency of an unqualified prognosis has been questioned. Said a distinguished medical lecturer once, "When I am asked, in seemingly desperate cases, what my opinion concerning results is, I answer that I have seen people apparently worse, recover; and those who seemed less ill, die." He never forsook the sick nor dying. Laennec and others had not given then their cases of recovery from consumption, but he sought even to cure consumption. This medical faith in that professor secured to him the confidence of the sick, and so all that the mind can do towards cure was on his side.

I have met with a passage in a work, out of the profession indeed, but which bears so directly on our subject, that I am induced to transcribe it here. It is of great value to the student.

"We have no inclination, and certainly we have no inducement, to under-estimate the importance and usefulness of the medical profession. We know that through its agency life is prolonged, bodily sufferings are mitigated, mental anxieties are removed, and that the benefits which it confers are not confined to the individuals principally concerned, but that they often extend to whole families who are dependent on them for their worldly prosperity and happiness. We know that there is scarcely one hour in the day in which a judicious and well-informed practitioner may not say with a safe conscience, 'I have done good to somebody.' Still the medical profession cannot do all that is expected or required. Sooner

or later, and with every one among us, the time arrives when the best medical aid, as it regards the preservation of life, is good for nothing. It is true that, even under these circumstances, it may often diminish pain, or alleviate such bodily distress as is not improbable worse than pain: but not unfrequently even these objects are unattainable; and the most skilful and experienced person standing by the patient's bedside feels that his wand is broken, and that he has nothing left to offer but his sympathy and commiseration. But the desire of life is not necessarily extinguished even in the hour of death; or if it be so with the patient himself, it may still linger with his family and friends. When the art of the regular practitioner can do more, are we to be surprised that the promises of others should not be wholly disregarded? and that even the miserable chance afforded by the impostors of the day should be looked at with something like hope when no other chance is left? It may be said that to catch at such a straw as this can only end in disappointment; but the reflection that any plan, however in itself absurd, has not been tried, may cause disappointment also." *London Quart. Review.*

[To be concluded next week.]

#### DR. ELLSWORTH'S PRIZE ESSAY ON SCARLET FEVER.

[Concluded from page 322.]

OTITIS is an annoying but frequent occurrence as one of the sequelæ of scarlatina. I have treated probably forty cases of this within the last two or three years. The cause is an extension of diseased action along the Eustachian tube, but the glandular structure of the meatus externus and canal becomes involved before perforation of the membrana tympani takes place, for this last event frequently does not happen for months and even years. The discharge, which is extremely offensive, is probably only a morbid secretion from the glandular tissue, and the surface of the membr. tympani. The patient almost always complains of more or less pain in the ear previous to the appearance of the discharge. If taken at this time, much may be done to alleviate the patient's future condition, or perhaps entirely ward off the impending evil. When the system will permit, a few leeches should be applied to the mastoid process. It is true, most of these cases are very sick at the time of the first appearance of these symptoms, and they are apt to be passed over as of little comparative value, yet at any other time they would command much attention, and the sense of hearing is too frequently involved in the question to permit a careless examination or inefficient treatment. Leeches, then, should be first applied, if there is nothing to contra-indicate; then warm oil should be dropped into the ear, a little cotton placed on this, and over all a poultice enclosed in muslin. This will not unfrequently put a stop to the difficulty at once, or so modify it, that the after treatment is much more successful. Blisters I do not recommend, as I have before stated, having seen very unpleasant results follow their use. Most of the cases treated by me have been chronic, and the patients of others, and the

treatment has been to syringe out the ear with warm soft water every morning, then to drop in a little of the solution of sugar of lead, in the proportion of two or three grains to  $\mathfrak{z}$  j. aq. dist. This must be accompanied with pustulation behind the ears with ung. tart. ant. or ol. croc. tig.,  $\mathfrak{z}$  j., to ol. cajeput,  $\mathfrak{z}$  jss. More rebellious cases may be touched with a brush dipped in a solution of argent. nit., gr. x. to  $\mathfrak{z}$  j. aq. This is the treatment advised by Kramer, and Mr. Wilde, of Dublin, and has been found extremely successful by myself when it has been faithfully persevered in; as it sometimes requires several months.

Dropsy is another interesting sequel of scarlatina. Elliotson thinks it is always preceded by exposure to cold, while the skin is in a state to be easily acted upon by change of temperature. Dr. Stark, of Edinburgh, thinks that there is an increased vascular action in the cutaneous system, to supply the loss of cuticle, but from want of tone in the larger vessels, the surface of the body is easily chilled, congestions take place, particularly of the kidneys, from which dropsy results. Dissections occasionally seem to favor this interpretation, but Graves found the kidneys once perfectly free from disease, and it is to be observed that dropsy occurs generally in cases where the attack has been *slight*, not in those where it has been most severe. It appears to me that the effusion results from the same cause as that which produces it after exposure, a form called inflammatory or rheumatic dropsy; particularly as rheumatism is a frequent result of scarlet fever. Some of the viscera are almost always involved, more particularly the liver and lungs and their investing membranes; sometimes the brain is attacked. However, in these essential fevers we are apt to rely too much on *post-mortem* appearances, which are not always conclusive as to the previous state of the organs, and much less of the constitution. The urine always contains a large amount of albumen, and not unfrequently blood; dropsies of this character have by some writers been allied to hæmorrhages, more particularly by Chapman and Graves. The congested and inflamed kidney is supposed to relieve itself by a scanty secretion of urine, highly impregnated with serum and even globules of blood. This is a state we every day see in wounds and inflamed glands, the lining membrane of the bowels effusing, instead of simple mucus, in dysentery, a serous fluid mixed with blood; so also in salivation the same phenomenon is observed; often we have seen a wound one day progressing finely, but the next day pouring out a sanious pus or bloody serum.

That this disease is, however, unlike ischuria renalis, is quite evident from the fact, that those suffering true inflammation of the kidneys die from coma, or if the urine is suppressed from any other cause, the brain being poisoned by urea; but coma does not here result, except from *effusion* into the brain. We know that serum is poured out into the cavities at an extremely early stage, before that requisite for the formation of pus: now why may not the cellular membrane be thus affected with low inflammation, especially as it possesses little sensibility, and this, still less, from its distensibility? The coagulable quality of this urine is also present in that of all inflammatory dropsies. The cases requiring tonics are



true cases of debility, and arise from the heart being unable to perform vigorously its proper function. In such there is little effusion of albumen, or blood into the urine.

Inflammatory action of the serous membranes is very frequently present, known by its usual signs; this condition illustrates very forcibly what has been before stated respecting the tendency there is, on the decline of the disease, to put on a more active character, and one where copious bleeding is not unfrequently well borne. I will state here, that bleeding is of great value in the treatment of dropsy, even in cases not apparently standing in need of it, for by unloading the vessels in debilitated subjects, giving at the same time iron or quinine, we shall often find the veins rapidly fill, by absorption of the effusion. It will be found extremely valuable where the pleura is full, with great oppression of the chest, small and rapid pulse, as it diminishes the amount of blood circulating in the lungs, and quickly removes the load pressing them down towards the spine. Leeches have been advised to be placed over the kidneys; I have not used them, but think they would be just as efficient if placed over any part of the body, especially if there was pain in it. Purging by jalap and crem. tart. is perhaps the next most valuable agent, and may often supersede the necessity of venesection; Elliotson thinks it, as a general thing, better. Diuretics, after the preliminary steps, will be found highly useful, particularly the following mixture, which in any case that a diuretic action simply is wanted, will be found superior to any other. R. Infus. digit., ℥ viij.; tart. acid., ℥ iij.; carb. sodæ, ℥ ij.; tinct. scill., ℥ j.; d. sp. nit., ℥ j.; ol. menth., gtt. v. Dose, a table-spoonful three times a-day. These means, judiciously applied, will be found successful almost always. Underwood speaks of cases cured by tonics, but such must be few in number and laboring under some peculiar state of system or epidemic influence. Burserius says that most of the cases treated in 1717 by diuretics died, and that *post-mortem* examinations showed intense visceral inflammations, particularly of the kidneys. Diuretics would have answered perfectly had they been preceded by a proper depleting treatment.

Warm bathing is too much neglected towards the close of the disease, to promote a healthy action of the skin and facilitate desquamation.

In seasons of the year when rheumatism is prevailing, scarlatina is a little more apt to be followed by it. Colchicum here will be found one of our most valuable medicines; the warm bath also deserves praise. It appears that colchicum might even be found serviceable in the dropsy of scarlatina, at least judging from its effects on a poor Irish woman who had the most extensive anasarca, following exposure, which ever came under my observation. She took the wine of colchicum in her own doses, not mine, and came near killing herself by puking and purging, but was rapidly and completely cured of her dropsy.

The convalescence from scarlet fever is frequently slow, the pulse for a long time maintaining a state of great frequency and irritability, the urine remaining scanty and high colored. Such are sometimes followed by a re-appearance of the tonsillar swelling, and that of the glands of the neck, and a strong tendency to suppuration shows itself. One phy-

sician told me that at this period the eruption again made its appearance and ran a regular course, and that the case was seen by other practitioners. I think there can be no mistake respecting the matter, from the character of the person who gave me the information. Cases of secondary fever will not generally be benefited by wine, bark or rich food, but do better from purging with calomel and colchicum, and the use of the warm or tepid bath. Chapman considers tepid bathing and sponging as the most efficient means of relieving the dry, husky state of the skin following scarlet fever, and as one of the most effectual agents in preventing the formation of abscesses in the joints, hydrops, rheumatism, enlargement of the parotids, the various enteric and pulmonary difficulties which follow this disease, and which are in themselves as much to be dreaded as the fever itself. The iod. potass. will be found very useful in some of these secondary difficulties, particularly when rheumatism and enlargement of the glands remain permanent.

*Laryngitis* sometimes comes on early, but at other times not until after desquamation. It is one of the worst symptoms possible, is dangerous in proportion to the slowness with which it develops itself after irritation of the larynx has been perceived, and is generally fatal. The French pathologists suppose it to be a diphtheritic inflammation, extending from above downwards. I do not understand this as indicating anything more than a descent of the disease of the fauces into the larynx, accompanied by effusion of lymph, which usually attends all inflammations of this part in children. It is truly wonderful this does not occur more frequently. Mr. Ferrall, of Dublin, gives the *post-mortem* appearances of a child, where a true croupy membrane extended far into the lungs, effectually preventing all hope of success from an operation; this, however, is not probably the general appearance, for Chapman says he has often seen it, and uniformly found the lymph restricted to the larynx and sometimes here in patches. A patient of mine died, as stated above, notwithstanding the best advice of our city associated with me. The treatment mostly relied upon was, calomel in small and frequent doses, emetics and the application of a very strong solution of lunar caustic. There was in this case the same difficulty of producing emesis which attends ordinary croup. If a similar case should again present itself, I should endeavor to meet its earliest appearance with plenty of leeches to the throat, and by the insufflation of powdered nitrate of silver or burnt alum. The brush or gargle are entirely insufficient. Early tracheotomy would allow a better application of remedies locally. This I verily believe justifiable, as recovery from this disease, under these circumstances, must be extremely rare under the ordinary treatment. One case was operated on in the State of New York (by Delamater, I believe) with success. I should advise it here earlier than in common croup, indeed as soon as it was found that the first treatment was useless, for so deadly a complication demands energetic and sometimes the boldest practice.

Mr. Ferrall, of Dublin, has mentioned several cases where there was some injury inflicted about the upper part of the spine, causing for a time obliquity of the head, or inability of rotating or raising it up. It

was caused probably by the disease of the throat extending to the muscles seated behind, and in contact with it, particularly as the superior constrictor of the fauces was involved, producing great difficulty of deglutition. It is not improbable that the joints of the upper vertebræ of the neck were also diseased, as are sometimes joints in distant parts of the body. Difficulty of swallowing, not proportioned to the pain, is the principal diagnostic of its approach. Calomel and opium, given constitutionally, cured Mr. F.'s cases speedily, after the free application of leeches. Contraction of the tendons I have never seen, but should consider it allied to the rheumatic form, and treat it accordingly.

As to the property said to be possessed by belladonna of preventing the contagion of scarlatina, little confidence is to be put in it; for, as a general thing, according to my observation, the disease does not show a tendency to spread in families, while in some epidemics, where freely used, it has proved utterly worthless. It was tried in Springfield, by Dr. Frost and others; and their opinion was that it had no preservative influence, as the disease attacked those taking it as well as others. Similar instances have fallen under my observation. As Hahnemann thinks one of his globules is capable of preventing it equally with a proper dose, we need not stop long to experiment upon it. He condemns it by his praises.

P. W. ELLSWORTH.

#### CONTAGIOUSNESS OF PUERPERAL FEVER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The remarks of Dr. Harris in relation to the question of contagion in puerperal fever, contained in your *Journal* of the 22d of October, remind me of an *endemic* puerperal fever that prevailed in the south-west part of this State some twenty-five years ago. It was characterized by one very remarkable circumstance. The subjects of its attack were *exclusively* those who were confined with their *first* children—while not a single *authenticated* instance came to my knowledge of an attack of any woman who had borne children before. Pawlet, the south-west town of Rutland County, seemed to be nearly the centre of the *endemic* district, which might have been forty miles in diameter. I resided there at the time, and think I learnt that cases occurred in every direction *from* that point, at distances varying from 10 to 20 miles. A senior partner and myself had *seven* cases, occurring within *nine* weeks, comprising *all* the cases of *first* labors we had in the time; while within the same time we attended from 10 to 20 labors, where the women had borne children before, *none* of which had puerperal or any other form of fever. It was said at the time, among others, by the late Professor Woodward, of Castleton, that no instance of a *first labor* occurred within the limits of the so-called endemic, and which lasted from 10 to 12 weeks, in which the mother escaped the fever. They all died but *two*—one of whom was Dr. Woodward's patient, and the other was mine.

I am sorry to confess that I made no *record* at the time, nor since, by



which I can *assure* myself, or others, of many things that might be deemed important, on a subject so interesting. I am not positive, even, in regard to the *years*, as I left my account books in Pawlet in 1823, and have not seen them since. It was probably about the first of Nov., 1820 or 21, that it commenced, and lasted from *ten* to *twelve* weeks. I looked in vain, for a few subsequent years, in the medical journals, from time to time, thinking I should see a notice of it from Prof. Woodward or somebody else, excusing myself from the duty on the ground that others, who had a better knowledge of the facts, were better qualified to communicate them. That it *was* puerperal fever, there can be no question; but I am unable, at this late hour, to say more of it, than that it was “*sthenic*” in its character. It made its onset from the second to the third day from the confinement, and terminated, generally, on the sixth. Bloodletting was *unpopular*—and, indeed, the physicians were generally opposed to it—as I think, very unreasonably. I had *one* recovery, and in that case I let *ninety-six* ounces of blood within the first *four* days from the attack, at *seven* bleedings. Of this item I accidentally found a *record*. I recollect that cathartics of calomel, sulph. mag., &c., and blisters over the entire abdominal surface, were resorted to in that case. Prof. Woodward told me, I think, that in his *single case* of recovery, he also bled, purged and blistered freely. You will notice that these *two* cases were the only recoveries known or heard of by Dr. W. or myself. It was said, at the time, that about *forty* cases had occurred. There might have been more, or less. I recollect well the sharp and anxious expression of countenance; the small, hard, and very *frequent* (130 to 150) *pulse*; the *tumid* and *tender abdomen*; and that the lochial discharges were generally, perhaps entirely, deficient. But no *post-mortem* examinations were *suffered*, among my patients, and I heard of none among others. The excessive *distention* (or *enlargement*?) of the abdomen may be illustrated by the circumstance, that, on entering the chamber of *one* of my patients (the one that ultimately recovered) I was so struck by the appearance of the *bed*, that I at first supposed my patient, for some strange purpose or other, had interposed, between her abdomen and the counterpane, an enormous roll of wadding.

But to the question of contagion. There was, as probably there always will be, in like circumstances, a prevalent opinion among the people, *first*, that the deaths occurred from want of *skill* in the accouchment; and *next*, that contagion was conveyed, in the clothes or on the hands of the accoucheur. I have no reason to suppose that erysipelas, or anything of that sort, existed at the time, and believe the fact that so *many cases* occurring in so *many different hands*, about the same time, proves that we may reasonably conclude *contagion* out of the question in those cases. One circumstance is worth remembering. A young gentleman (now Prof. Perkins, of Castleton) an *advanced* medical student, accompanied his preceptor, who was visiting one of my patients in consultation. While they were there, I was requested to visit an unfortunate pauper girl in a *first labor*. It occurred to me at once that I might test a principle, and, at the same time, do the young gentleman a kindness by giving him the case—for he had never attended *any* woman in

labor. He went accordingly; and I well remember the prediction of a "Wiseacre" at the time—"you will see, *that* case will do well enough." Her labor was natural and easy, and terminated, in the judgment of Mr. Perkins, favorably. She went, however, the way of all the rest, and died on the sixth day. I should say of this case, that in obedience to public opinion, which, in regard to this *pauper*, claimed to be *authoritative*, she was suffered to die—if without the *benefit*, certainly, also, without the *risks* of medication—and that soulless embodiment of wisdom, public sentiment, "took the responsibility." Whether it be important, I don't know—but I think the children, in these cases, all survived. Professor Perkins probably resided in Castleton at the time, and very likely has resided there ever since. He *may*, and probably does know more of that *affair* than I do. I think, however, nothing has ever been published on the subject. If so, it should now be done, while the matter may be enlightened by living witnesses; or—I should be arraigned at once (for perpetrating a paroxysm of preposterous poetry.)

Now—I take it for granted, after the *little snug showing up* you gave me in the Journal, about that "fracture bed" (how dare you violate the privacy of a confidential correspondence?) you will wonder at my temerity in so soon exposing myself again to your——scissors! Very well. Make some inquiries, if you please, of *whom*, and in such fashion as you deem appropriate.

Yours respectfully,

St. Albans, Vt., Oct. 27, 1845.

J. L. CHANDLER.

#### FOREIGN BODY IN THE CAVITY OF THE OS MALÆ.

By N. Williams, M.D., Phoenix, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

IN Nov. 1838, Mr. L. Gilson, of Hastings, while engaged with a buzz saw in manufacturing barrel staves, was accidentally and somewhat seriously injured, in the following manner. His little son, who was in the mill with his father, while at play, happened to thrust a stave against the saw, which was moving with such force as to wrest it from the hands of the boy, and precipitate it with much violence directly into the face of the father who stood upon the opposite side of the machine. The attendance of a surgeon being considered necessary, and as I was myself absent from home at the time, a neighboring physician was employed. The integuments of the cheek were considerably lacerated, although no serious injury to any of the bones of the face was discovered, at the time, by the attending physician. The consequence was, the ragged edges of the integuments were adjusted as well as they conveniently could be, and sutures, together with adhesive straps, employed to retain them in their proper position. The wound, I believe, healed kindly, with the exception of the centre of it, which instead of healing resolved itself into a fistulous opening, from which a small quantity of purulent matter continued to escape. In this condition of the case, I was consulted in the

month of January, it being about two months from the occurrence of the accident. But not having the necessary instruments with me at the time, I could not make a very critical examination of the case, but suggested, that there might be a fragment of bone in the cavity of the os malæ, which gave rise to the discharge, and which the efforts of nature would be sufficient in a short time to remove. In the month of March I was again consulted, and on introducing a probe, soon found that what I had mistaken for a portion of the malar bone, was no less than a fragment of *wood* of no inconsiderable dimensions. Cutting through the integuments, the outward extremity of the body was at once brought to view, and to which a pair of forceps were applied, by which I effected its removal, much to my own surprise and to the inexpressible joy of the subject of the operation. At the time of the injury, it had been forced through the anterior wall of the os malæ in a backward direction and parallel with the plane of the orbit of the eye, leaving the outward extremity in possession of the perforation occasioned by its entrance into the above-mentioned bone. Its measurement was two inches in length, half an inch thick, and five eighths of an inch in width. The injury subsequently healed rapidly, and soon became wholly restored. It may be proper to add, that the instrument by which the injury in this case was occasioned, was a *rough hemlock stave*, and that the fragment imbedded in the os malæ had remained there about *five months*. The most remarkable features in this case seem to be, that no particular constitutional or intense local excitement was produced, and that a physician could be found in the State of New York so inexcusably *ignorant* as to perpetrate so serious a professional mistake upon a suffering fellow being.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 26, 1845.

*Dr. Channing's Discourse.*—Last week we commenced the publication in the Journal of Professor Channing's lecture before the medical class at the opening of the present lecture season in Mason-street College. Dr. Channing is distinguished, in this community, for active benevolence in every work and cause which promises to better the moral or physical state of mankind; and those who know him most intimately in his professional character, will bear testimony to his enlarged views, kindness to those who seek his advice, and uniform interest in the progress of medical science as well as medical charity. He is a man of a happy disposition, and is disposed to have all the world in the same comfortable condition.

But our special object was to direct the reader to Dr. Channing's published discourse, since no comments or selected portions would prove so satisfactory as the whole address. He certainly exhibits modern professional life precisely as it exists, and which no common hand could depict so graphically. Such a life is full of ups and downs—with more downs than ups—yet it is a noble service. There are sleepless nights, unrequit-



ed merits, a starving income, and envious competitors to contend with ; but a man who honestly and resolutely determines to rise above the storms that embarrass the commencement of a physician's voyage of life, seldom fails to accomplish so honorable a purpose. What distinguished individuals there have been and still are, who have raised themselves from obscurity to a deathless fame—and what numbers may do the same in all coming generations—by simply and fearlessly breasting the tide of opposition which often sets strongly against them in early life.—But to continue these observations would be encroaching on ground in the occupancy of Dr. Channing, and we therefore urge the perusal of his instructive introductory upon all students and practitioners of all ages, both on the score of its pertinency and its truth. It is to be published in a pamphlet form, we understand, after its completion in the *Journal*.

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*Acton on the Venereal Disease.*—Since noticing the re-publication of this work, its pages have been examined sufficiently to warrant a paragraph decidedly in its praise. Perhaps there is no one disease with which practitioners, in cities, are more familiar than with syphilis, in all the forms in which it is ever recognized ; and yet there are singular discrepancies in treatment. It is not presumed that there can be any uniformity in prescriptions or specific remedies, where both symptoms and appearances are as various as possible in different individuals. One point, however, all can agree in, and that is, that it is best to understand, as far as practicable, the laws of this strangely destructive malady—the accompaniment of vice, and the penalty of infractions of the moral code.

The treatise by Mr. Acton commences with a history of the venereal disease, embracing a history also of the theories entertained of its nature and origin. Part I. takes up the consideration of blennorrhagia—first, in the male, with minute details on gonorrhœa, epididymitis, strictures, affections of the prostate gland, false passages, disease of Cowper's glands, infiltration of urine and fistulous openings. Then follows blennorrhagia in the female, and the forms common to both sexes ; the blennorrhagic ophthalmia ; of the anus, of the mouth, nose and ears ; vegetations, herpes, præputialis ; eczema and excoriations.

Part II. has a great variety of primary symptoms, signs and characters of syphilis. Chancre and bubo occupy two entire sections, and leave nothing to be desired further, by the reader. Secondary symptoms, affections of the skin, of the mucous membrane and syphilitic affections of the eye, have been well considered by the author ; and affections of the testicle, tertiary symptoms, and syphilis in children, bring the volume to a close. At proper intervals the text is beautifully illustrated by engravings, so true to nature that it would be difficult to produce anything of the kind to supersede them in graphic correctness. The volume recommends itself to the profession, and we trust its real merits will be properly appreciated. Mr. J. S. Redfield, of New York, who has furnished several excellent editions of standard professional authorities, is the publisher. Copies are to be had at Ticknor & Co.'s, Washington street.

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*Improved Dentistry.*—Dr. W. T. G. Morton, an ingenious dentist in Tremont Row, in this city, has recently executed some extraordinary

specimens of dental ingenuity, which make it a difficult question to decide which *looks* the best—nature's work or his! Within the year this same gentleman has constructed an artificial palate for an unfortunate female, that produced a sensation among those who are solicitous for the progress of those arts which immediately promote the physical comfort of our race. It is because we are proud of every achievement in dental surgery, and operative dentistry, for which the age is unquestionably distinguished, that a special notice is taken of these beautiful specimens of the handy work of Dr. Morton.

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*The Naturalist*.—About five miles from Nashville, Tenn., Franklin College, a well-conducted and prosperous institution, is located. The faculty propose publishing a periodical, to be called *The Naturalist*, of 48 pages, monthly, which will embrace certain distinct departments of science, under the special direction of a competent individual. Natural History is to be appropriated to Prof. I. N. Loomis, and will embrace geology, mineralogy, zoology, entomology, botany and agricultural chemistry. Horticulture and agriculture fall to President Fanning. Another division embraces education, and the whole circle of human knowledge may be embraced; even literature has its distinct editor.

There is but one apparent drawback in regard to the prospects of a Journal of such promising value—which is, there are too many editors. It has been the experience of all who have ever had an interest in similar enterprises, that it is just as impossible for several editors to conduct a periodical as for several men to be in command of a ship in a storm.

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*Preservation of Health*.—Within a short time, a new work will be published in this city by Messrs. Ticknor & Co., on the Preservation of Health, by a professional gentleman of eminence, and of acknowledged qualifications for explaining the laws of life. Whenever it is in readiness for the public, an analysis of its leading propositions will be given in the Journal.

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*Berkshire Medical Institution*.—The commencement exercises of the Berkshire Medical Institution, on Wednesday, Nov. 12th, were attended by a large and intelligent audience. The Anniversary Discourse was delivered by the Rev. Dr. Alden, of Williams College. The Address before the Berkshire Medical Association, by Dr. Bulkley, of Williamstown, on the "Manners and Morals of Medical Men," was listened to with much interest and commanded universal admiration. The Degree of M.D. was conferred on the gentlemen of the graduating class, 35 in number, with a short and appropriate address by the President, Prof. Childs. The Honorary Degree of Doctor of Medicine was also conferred on Dr. John H. Haynes, of New York; Dr. Joseph W. Hatch, of Massachusetts; Dr. Silas P. Wright, of Massachusetts; Dr. John P. Benham, of New York.

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*Medical Miscellany*.—Mr. Andrew Snyder recently died at Lancaster Co., Penn., at the great age of 112; and Miss Courtney Brough, at

Hampton, Va., at the age of 104.—A boy of 13 died at Baltimore, of lockjaw, caused by running a rusty nail into his foot.—There are about 300 students at the Medical Institute, Louisville, Ky. All other schools heard from, have thus far matriculated very large classes.—Yellow fever had made its appearance on board a vessel at Malta, which will be likely to produce considerable commotion at that closely-garantined port.—Charles Freeman, the American giant, a description of whom was published in the Journal on his arrival in Boston, died at Winchester Hospital, England, on the 25th of Sept., of consumption, having wasted almost to a skeleton before death.—Dr. James Holland, at Greenfield, was lately thrown from his carriage, and so badly injured that fears were entertained for his recovery.—The public health in India, especially the British possessions, is unusually good, with the exception of some sickness at Sukkur.—A pension of £200 per annum has been granted in England to Mr. James D. Forbes, Professor of Natural Philosophy in the University of Edinburgh.—The announcement of the resignation of Dr. Parkman at Castleton Medical College, was premature, as he will continue his connection with the institution for the present.—There was a class of 142 students at the last term of the Berkshire Medical Institution. A list of the graduates has been published.—Dr. Poullain, of Greensboro', Georgia, has lost \$60,000 by the conflagration of a factory.—On removing a coffin at Apalachicola, it was discovered that the body was face downwards, and that the lining of the coffin was torn as far as the hands could reach—showing that the person had undoubtedly been buried alive.—Dr. Patterson, of Rome, Geo., convicted of robbing the mail in two cases, has been sentenced to the penitentiary for 30 years.—Dr. Baker, of Georgia, is a candidate for Congress.—The third volume of Hahnemann's Chronic Diseases, translated by C. J. Hemphill, M.D., of New York, is published in that city.

TO CORRESPONDENTS.—Dr. E. Warren's paper on Inflammation of the Uterus, Dr. Deane's on the Treatment of Hydrocele, Dr. Hubbard's on Gangrene of the Lung, and Dr. Holt's Reply to "A Looker On," have been received, and will be published as soon as the communications previously acknowledged have been disposed of.

MARRIED.—At Rochester, N. Y., James Hubbell, M.D., to Miss G. H. Hopkin.—At New Market, N. H., H. R. G. English, M.D., of Springfield, Mass., to Miss M. P. Wiggen.—Dr. J. J. Kittredge, of Chelmsford, Mass., to Miss U. H. Hall.—In New York, Dr. Mark F. Halley to Miss Maria Fiske.

DIED.—At Berlin, Vt., Dr. Thomas W. Bailey, 34, of pulmonary consumption.—At Waterville, N. Y., Dr. James L. Palmer, 74, formerly of Windham, Conn.—At Ellisburg, N. Y., Dr. Eli Davis, 41, formerly of Sutton, Mass.—At Nashville, Tenn., Dr. Peyton, member elect of Congress.—In Brighton, England, Nov. 28, Sir Matthew Tierney, 69. He was the physician of William IV., and a great favorite of George IV.

Number of deaths in Boston, for the week ending Nov. 22, 44.—Males 23, females 21. Stillborn, 8.  
Of consumption, 5—lung fever, 1—apoplexy, 2—dropsy on the brain, 4—dropsy, 1—old age, 3—jaundice, 2—debility, 1—infantile, 1—smallpox, 3—croup, 3—disease of the kidney, 1—inflammation of the bowels, 1—scarlet fever, 2—teething, 1—throat distemper, 1—inflammation of the lungs, 1—hooping cough, 1—typhus fever, 4—canker, 1—convulsions, 2—marasmus, 1—scald, 1—unknown, 1.  
Under 5 years, 13—between 5 and 20 years, 2—between 20 and 60 years, 17—over 60 years, 7.



*Castration, when two years old, in a man now quite aged.*—In the Hotel of the Invalides is a man aged 71 years, who was castrated at Sens when two years old, by a villainous quack, to cure him of hernia. This mutilated person is of small stature, his extremities are slender, his bones feeble, his voice sharp, and his chin without beard. He does not detest women, but when near them has only fugitive desires, and his enjoyment in coition has always been scarce appreciable. His penis, like all organs which do not perform their functions, is atrophied, and the prepuce is much longer than the gland. In this stunted body, which has evidently been arrested in its development, there has nevertheless been energy and courage. This individual, though exempt from military service, joined the army—he was in the wars of the French Empire, and the scars which he bears are authentic certificates of his ardor in battle, and of his bravery. At present, one is struck in passing his bed, with all the traits of an old woman. Notwithstanding his advanced age, his memory is good; he relates, with precision, the events in which he assisted, and his language is expressive of much goodness of heart. Everything about him breathes the air of sadness, and the impress of a vague melancholy; a regret attaches to each step of his life, and which has its origin in the dreadful mutilation to which he was made to submit in childhood.—*Journal des Connaissances—Southern Med. and Surg. Journal.*

*Poison by Tartaric Acid.*—It has been questioned if this acid be a poison. Pommer and M. Orfila are for the affirmative; Coindet and Christison for the negative. The following fact strengthens the opinion of the two first named:—Wm. Wats, being affected with rheumatism, applied, the 7th Dec., 1844, to Charles Watkins, druggist, to purchase two ounces of Epsom Salts. Before leaving, the thought suddenly struck him of changing it for another salt less bitter. This was granted to him, and having returned home and dissolved the new article given him, he swallowed it. His face, some moments after this, became red. He cried out he was poisoned, and then ceased to speak. Other symptoms were developed, and Mr. Wats died on the 16th. Mr. Brood, charged with the examination of what remained in the glass from which he had drank, recognized tartaric acid. The apothecary, Mr. Watkins, confessed his error, and attributed it to the change which some one had made of the bottle of the acid, for that commonly occupied by an insipid salt.—*Pharmaceutical Journal—Ibid.*

*Phosphorus Paste for the destruction of Rats and Mice.* By M. SIMON. —The following is the formula for this paste, as published in the Berliner Medicinische Zeitung:—

Take of phosphorus 8 parts, liquify it in 180 parts of lukewarm water, pour the whole into a mortar, and add immediately 180 parts of rye meal; when cold, mix in 180 parts of butter melted, and 125 parts of sugar.

If the phosphorus is in a finely divided state, the ingredients may be all mixed at once, without melting them.

This mixture will retain its efficacy for many years, for the phosphorus is preserved by the butter, and only becomes oxydized on the surface.

Rats and mice eat this mixture with avidity; after which they swell out, and soon die.—*Journal de Chim. Médicale.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## DR. CHANNING'S INTRODUCTORY LECTURE.

[Concluded from page 337.]

BUT whatever be the popular estimation of medicine, there is one fact in its history which challenges for it the highest public confidence. I refer to the progress which it has made within a few years, and which it is daily making. In this fact do we not find good cause for congratulation? By new modes of investigating disease, a better assurance of the truth of facts, their more strict and philosophical analysis, a wiser and wider observation, these and kindred agencies have distinguished our professional times, and contributed truly to the progress of medicine. The numerical method, which though by some is nothing but counting, and what more is it? has done excellent service. It has done something to determine the frequency, and character of disease as far as it is applicable, and made sure what was formerly so unsettled. A man who has any due sense of character must *count* now-a-days. It will not do for one to say he has cured consumption very frequently, in questionless cases. He must add up his numbers. He must tell us what the precise number is.

But the numerical method, counting as it is, demands much more than simple addition. You must know what you count, and you must furnish the proof that you are right. The medical witness must not only be of unquestioned veracity. He must have knowledge, exact knowledge, or his testimony will be worthless. His reports will have equal value with the story of the three black crows, which turned out no crows at all. The illustrious Louis, and his great predecessors and contemporaries, have established the paramount importance of diagnosis, or the distinction of diseases. Nay, he and they have extended their severe methods of investigation to the agency of particular medicines or remedial methods of treating disease. Bouillaud has told us exactly the number of cases of rheumatism in which he has used bloodletting. Its quantities, its immediate and remoter effects are given, and so we have learnt when and how it may be best resorted to. A very important result of the later methods has been the reduction of the types of disease, by finding in a single type the paternity of a whole pathological family. Philosophy delights in the fewest causes for the explanation of its phenomena. Gravitation solves the problem of the motions of the universe. Medicine is daily approaching its highest philosophy; and who knows but that it may, in its progress, make itself unnecessary, by disease being resolved into a unit,

and its treatment into a single method. In another way has professional progress usefully affected the popular view of medicine. Less and less reliance is placed in the very active treatment, the heroic medicine of an earlier day. How much easier, it is asked, is disease treated—how little comparatively is done for it—won't you do more in this case?—where is calomel?—where is bleeding? So questions come. But the physician pursues his plan. Disease is shorter. Suffering is less. Recovery is more certain. In our enumeration of causes which have relieved medicine of much of its popular mystery, increased longevity, the result of a better hygiene, and the diminution of malignant diseases or of their power to shorten life, should not be forgotten. I might here mention the diminished mortality from smallpox, and the great deduction from its whole morbid power by the substitution of vaccination. And so of syphilis. What change and improvement have been made in the treatment of this disease, and how much have its destructive agencies been controlled, and its injurious results been obviated?

While the progress of the profession may, as alleged, for the time, have given power to that which opposes its interests, let it never be forgotten that the physician who deserves public confidence is now as sure of it as he ever was. If the public look for a more excellent way in a practice in which its own opinions are taken, its adhesion to such practice will be pretty sure to fall away when such opinion ceases to be cherished, or to be consulted. In other words, in the time of danger the highest authority will be demanded, and he or she who for a time has yielded to the fascinations of the new, will surely seek safety in the old, and the tried. The only power of our calling is in its true knowledge, and never in its history have the means of such knowledge been in fuller measure, or wiser operation. It is for the physician to secure the whole benefit of such power to the public, and to his profession. It is the paramount duty of the student to make such power his own.

I have thus spoken of medicine as a profession, as a life, as a profession for life. We have seen it having intimate connections with all the great interests of life. We have learnt what are its demands upon him who has devoted himself to its stern service. It demands the exertion of all his powers. It calls into exercise the whole moral, intellectual, and physical. I enumerate the last, since surgery is one of its departments, and, as the word imports, is "handwork." It asks for the highest cultivation of the senses. The eye is its servant in observing external diseases, and with these all those changes, of expression and manner which come under its notice, the whole physiognomy of disease. The ear is called upon as the instrument for detecting diseases of the chest, the respiratory sounds in all their varieties, and those communicated by the heart. Touch, taste, and smell, are all in requisition.

Let it be remembered, then, by the student, that medicine is not a dogma, nor has it its reputation in an age, or in a name. It is, in its principles, the great, the sublime generalization of an infinite number and variety of facts, the observation and collection of which, beginning with the priest-physicians of Egypt, have been continued to us through



the heroic medicine of Greece—by the votive tablets in the temples of Æsculapius—by the depository of all earlier learning, Arabia—by Rome—and through all the succeeding times. The principles of medicine are the inductions from every fact which its disciples have seen, studied and recorded. To us, this day, it is philosophical criticism, examining and propounding the character of all medical doctrine. It is philosophical classification, giving permanent place to, and establishing the relations of, all facts. It is scientific nomenclature, giving expression to them all. A man to have true influence in such a profession, must then have true knowledge. He must know many things, as well as the mass of men knows them. He must know some, are they not many? better than anybody else. A great man here, makes great, that to which he has given his heart, his hand, his mind. His labor becomes worthy of his whole power and being, by the transfusion into it of a noble spirit. It has then in it, emphatically, him whose it is. He is its present life, and its present honor; and in his own immortality, it becomes itself immortal.

Now in what consists preparation for such a profession? What is he to do who has this day begun its study, and who has devoted himself in that act to the highest service of man, who means to live in the present, and has in that purpose the prophecy of living in the ages to come? A German writer of wide fame has left a work on the "Vocation of the Scholar." What is the vocation, the calling, of the physician? I have answered the question, imperfectly indeed, in the views offered of the nature and demands of the profession, and shall proceed at once to speak of the preparation required of the student by its duties. I enter here upon no light work. Is it not the most important which can occupy the mind—how another mind shall be trained, or may train itself so as to bring out into full life its whole powers, and in doing so render the truest service to the race?

Says Locke, he who would obtain truth, must begin with the love of it. We profess to study, or to search for truth, in all intellectual and moral effort. Is there any pursuit which has for its object more important truth, and in which the difficulty to obtain it is greater, than medicine? Let him who has, or is about to devote himself to it, begin with a love for it. The preparation for its practice is in *time*, and in its *employment*. I do not ask here how much time it may be necessary for each one to devote to the study of medicine. I know not, and who does, certainly does he not who is making preparation for active life, how much time is demanded to make it perfect. And yet for a moment let us see what are the official arrangements in this matter. The length of time a student shall devote to this preparation varies in different countries, and in different parts of the same country. What answers very well in one State in this Union, will not answer in another. In one, if a student be a graduate in a college, two years of medical study is thought sufficient. In most, if not in all others, three years are required. But where this is the case, in some schools, if the student have attended two courses of lectures, though one course follows directly upon the other, he may be admitted long before the three years expire; and a President of a Col-

lege once said to me, in a correspondence on this very subject, that he thought if a student could pass an examination after two years or more of study, he was quite as deserving of a degree as was he who required many years for the same preparation. Then, again, the length of lecture terms. This differs. In one school it is thirteen weeks, in another seventeen. The number of teachers greatly differs, in some being six, or even eight, in others three or four. In many schools professors are non-resident, but supply two or more schools in succession. In order to do this, the same professor gives two or three lectures a-day, sometimes two in successive hours, so that he does up his teaching in five or six weeks. He then examines the candidates for the degree in his department, and of course without any knowledge of their appearance in the others, he leaves a vote for or against, just as he appears in his own. Then again in regard to hospitals. In some schools they form a part, is it not almost the most important part, of preparation?—in others they form no part of it at all. Where they do, the pupil sees the sick with his own eyes—witnesses the mode of examining cases by skilful, able men—hears the order and kind of symptoms—knows what the treatment is, and sees the result. At the clinical lectures, both in surgery and in medicine, he is taught, thoroughly taught, disease in its immediate illustration, and if he have man in him, knows what his duty is, and performs it in this highest regard, he goes home, or into practical life, with true preparation for his duties. Suppose he passes his years of study in a city where is a hospital, and diligently visits it. So much better is his preparation. So much better his claim to the public confidence and respect. See now, for you may, what is a medical education without such means of knowledge.

Medical Schools, however, do not only give authority to practice. Medical Societies do the same. These require three years of study, it may be. They prescribe a certain course of reading, the same for all, and demand a good moral character. But they demand no courses of lectures and no hospital attendance. Like the Schools they require satisfactory examinations. What a variety in requirement! How comparatively full, how positively deficient. Does not the question almost arise, if in such confusion, and so much imperfection, if true means of preparation exist at all?

Abroad much of the same thing exists. But the division of labor there, secures comparatively ample time for the separate study of each department. Surgery makes an independent study, though the principles of medicine make part, and its practice in many cases obtain. So does medicine, that being more exclusive, the physician never being acting surgeon. The division is deeper than this. The eyes, ears, toes, tendons and teeth, have special study. Midwifery in some sort exists alone. Now in such an arrangement, the time of study abroad, the apprenticeship, the hospital, lectures, apothecary's shop, &c., all go to make the student accomplished in his art. The examination is a severe one in all the colleges for degree, license or fellowship. And the chance is the public is well served. The general practitioner, so called in England, he

who combines in himself many or all departments, has recently excited much public and legislative interest in regard to preparation and qualification, and the Bill in Parliament, before referred to, has these matters specially in view.

Now here we are, all of us, general practitioners. Our two, or at most three years study, which taking out sickness, vacations, amusements, may be reduced one third or more—with lectures or without—with hospital or with none—with old books, or with new—selected by the teacher, or not selected at all, or by the student himself—these constitute the variety of means of our preparation for entering a profession distinguished by the number of its departments, its diverse interests, its grave responsibilities. The subject occupies deeper regard every day, and every year. Abroad it is a topic of intense interest. In America men are constantly directing to it the attention of the profession. I have before me now a circular calling for a Convention of Physicians who shall take the subject of professional education into deep thought and propose measures of reform. We have seen how different are the requirements of different schools for the same degree, or license to practice. What is equally worthy notice is the fact that in every school each student is to be equally taught in the same time. The amount required therefore of each, can with justice be only that which he who has the least or an average power of acquisition, may learn, and so the highest knowledge may not be presented as an object of general or individual attainment. The examinations may not meet the whole difficulty of the case, and an inferior standard of qualification come to be established. The same remark, it may be said, applies to all other education, that of the university for instance. And so it does. But the demand for something higher in a profession is found in the fact that this is to fit a man for practical, responsible life. The college study is but a step on the way to that life. The public has a right to the highest qualification for the highest duties to which any of its members may devote themselves. Especially may it demand that the preparation shall be ample, if not perfect—that there shall be fitting knowledge acquired, if not all knowledge.

What shall be studied? I received a letter, a few days ago, asking what course of previous reading this school required for attendance on its lectures, and what course it prescribed during the lecture session. I was glad of the request, for it allows me to say something of a very important subject. What shall the student read? "Action, action, action," said Demosthenes—and "Coke, Coke, Coke," might have said one of the most distinguished jurists in English history, Lord Eldon, for in Action was the secret of true eloquence with the Greek orator, and Coke's Commentaries on Lord Littleton was English law to Lord Chancellor Eldon. But again, what shall the medical student read? Blackmore, afterwards Sir Richard of that name, and a distinguished physician, and a very voluminous poet, being about to begin the study of physic, went to Sydenham one day, and having told him his purpose, asked him what book he had best read. "Don Quixotte," answered the English Hippocrates. I do not stop here to ask what was there in the case of the applicant



which led to the singular advice of Sydenham. I will at once point out such a method of study as observation, and such works as I have consulted, seem to me most strongly to recommend. I shall speak of *Time*, and of its *Employment*.

Let then the first 18 months be devoted to anatomy, human and comparative, chemistry, botany, mineralogy and geology. Let the student attend lectures on the above branches, and these only. Let him visit a hospital, but devote his attention mainly to the observation of external diseases, surgical for instance, and diseases of the skin. While attending lectures let him dissect, and if possible become an assistant in the chemical laboratory. In these studies, especially in anatomy, lie the foundation of medicine. No physician can safely want the knowledge of them. No one can be an accomplished, thoroughly educated physician without them. They have been the studies of the most eminent physicians of all times. Chemistry has had its birth and growth in our profession. It has now its place among the exact sciences, and has its methods from the most profound and severe of them all. In its investigations of the organic, and the inorganic, it occupies the widest space in the field of science. It is full of interest. It has been loved with a devotion which no other branch of medicine has reached. No one can be a true scholar in this profession without a profound knowledge of its principles, and of their detailed practical applications. The other studies enumerated possess great interest. What of disease was named addresses the mind through the senses. These last acquire their best cultivation in this way, and also by those portions of natural history which were stated to be indispensable to the medical scholar, for themselves, and for the important aid which they bring to the studies and practice, of the whole profession.

I have omitted a study which may well come in, in the first 18 months, the History of Medicine. A student should early know something of the progress of that pursuit to which he has devoted his life. He learns how so much of time, so many ages, have been filled by his calling. He begins with his mind as much wanting in knowledge of the matter, as was the time in which it has been brought to light. He begins with the earliest, the fabulous periods of medicine. He travels through its ages, noting who have marked them, and by what they have distinguished them. He knows little or nothing of the doctrines, or of the practice which pass before him, for it is not literary history he is studying. And for his purpose he does not want such knowledge. He is filling his mind with chronological epochs, with distinguished names, and with individual mind and character. He is a witness of struggle, of defeat, of victory. Insensibly his own mind becomes awake and alive to the fact that the profession to which he has devoted his life is worthy the devotion. He insensibly takes his own place, or feels that he has one to take, in the long and venerable history of a noble art—of an art which has occupied great minds, undergone mighty revolutions, but which in every day of its being has had for its purpose true good to the race. Let him then study Le Clerc's History of Medicine, and Clifton's Hippocrates, the Life; Millar's Disquisitions in Medical History, Cabanis's Revolutions in Medi-

cine, Friend's History of Medicine, and, latest and best, Kurt Sprengel's great work on the same, in nine volumes. I name those which are before me, and which will reward study, and make pleasant relaxations from severer studies.

The two following years will embrace the study in all branches of medicine. Two full courses of lectures, with dissections, daily visits to a large hospital, and diligent study of medicine in its varied literature. These two years form a most important time for the student. He must lay his back to the work. Everything else is to be subordinate, and used only as means to help him in his proper toil. It must be felt to be toil. He must read a great deal. He must forget a great deal to know much. A volume may give him but a single thought or fact for memory, but that fact will be a jewel. It has cost time, but it will last forever. Said Johnson to a young man who was vaunting himself on his wide reading and knowledge, "I have forgotten more than you ever knew." I once consulted a very aged physician, of much reputation in our community, on the treatment of an advanced case of fever. He went to his bookshelves, and from a high one took a volume which was Brocklesby on Fever. He turned rapidly its leaves, and in a minute or two put his finger on a particular paragraph, and bid me read it. I did so. It stated that in some moments of advanced fever an emetic was useful. Said my friend, "I have not opened that book before for forty years." Probably that one paragraph, which contained what he judged to be very important knowledge, was the only one which remained in his long memory. The student then must put it to his account to read a great deal. Let him from the beginning of his studies keep a Common Place Book, and into this let him make daily entries from books, and of such thoughts as specially occupy him in study. A vast help is this in the study of a science so full of fact and theory as ours. I may add, I hardly recollect a distinguished man in any field of literature or science, who has not faithfully availed himself of this means of acquiring and retaining at command, knowledge. Examinations with fellow students are always useful. I remember a public medical teacher of much eminence, in recommending such exercises, said, that a student could hardly be said to know what he had not in words, in language, communicated to another.

Three years and a half are now disposed of. Let the student now present himself for a degree. I think with this preparation, he may do so with some confidence. Having obtained his degree, let him go to Europe for a year, and study medicine in the vast practical school which is established there. I would advise him to give four months of the time to a residence in a Lying-in Hospital, to which is attached wards for the diseases of women and of children. Dublin offers a most excellent field for such studies. Let the rest of the time be filled with such studies as are most favorably pursued abroad. Branches which were first studied at home, may be practically reviewed there, especially the collateral, while for the immediate, most ample opportunities exist. Permit me here to offer a simple caution, and which has application to the whole time of study. I think it is needed in the present day. Let the student be

careful to avoid exclusive regard to particular diseases. Within a few years special attention has been directed to a few particular subjects. Laennec, Louis, and others, have given an interest, which may become paramount, to particular diseases. Fever and phthisis are among these. Great interest has come to be felt in the diagnosis of these affections, and it has reached great perfection. Their anatomical characters, as observed after death, have been so thoroughly studied, and their laws so accurately established, that perhaps little more is to be learned concerning them. But they form but a very small part of pathology, and to be too exclusively devoted to them will interfere with the acquisition of a vast amount of indispensable pathological knowledge. A physician should never be a devotee to specialities. He must not be a slave to the rare, or to the few, however important. His pathway lies through disturbed functions, oftener, much oftener, than by the side, or through the regions, of grave lesions. He must be very apt to detect the former, and to relieve them, too, or he will not have a wide name, or a very full practice. Medicine must not be to him a "wonderful magazine." It may be, it will be, a book in which he may read "strange matters;" but he will find in it everywhere problems of the every-day, and the true, in which thousands are more or less deeply interested, and of which they will look to him for the practical solution. An exception to the rule suggested here, may be found in some strong predilection for some particular branch of the profession. Especially may such arise when the medical student is at work in Europe. Suppose now he have strong preference for some particular investigations, or to prepare himself for some particular branch of his profession, whether in medicine or surgery. Let him give time to such. He may do this without important sacrifice of other matters, and come home in his general preparation for professional duties, with a special knowledge which may stand him in excellent stead, and fit him for important special services to others.

And now let me ask what will be the product to the student of so much time, and of such faithful employment of it. I say *experience*. By this word I mean here that intellectual perception, and that appropriation of what others have seen, thought, and recorded, as will make them his own, just as if he had witnessed them himself. His mind has been daily in sympathy with the minds of others. He has not only imbibed their spirit, but he has got their knowledge. They have been to him eyes, and he has through them had perfect vision. Barthez says somewhere, "that a man of strong judgment, and competent sagacity, may contribute much more to the real progress of a science of facts than he who is principally occupied with experiments." So our student in the wise use of his own mind upon what others present to it, may come to make a better use of knowledge than its teachers. The course of preparatory study, however, above indicated, will bring the student into direct contact with facts, with disease in its present living example, and so make him its witness. It will do this for him, when his mind is prepared for observation, and for reflection upon that which is presented to it, and so daily enable him to institute comparisons between that which he reads and



sees, that authoritative inquest which is to result to him in truth, namely in all that truth to which he is at the time able to reach.

I may be asked if my subject does not demand some allusion to those moral qualities, and personal habits, which take so wide a part in the progress of a professional man, and if I have no detail of study to present? I say no. Vogel, a German writer who has written at much length on the education of the medical student, has devoted a long chapter to the first topic, and Young, in his *Medical Literature*, both before me, does the same for the latter. Young takes the future physician at 2 years of age, and prescribes specific studies for him till 13, and then teaches how in the three succeeding years he may be made into a physician, a surgeon, or a what not. But I have here no directions to offer. If I have succeeded in my attempt to show somewhat concerning the true nature of medicine, and in what consists preparation for it—if I have said that which will make the student faithful in his studies, have spoken for them, so to say, all his time—if I have done that which will bring into living action his intellectual and moral nature, and showed him what it is to be a man in his noble calling—if I have in any true sense done these things in the short hour we have now passed together, I shall not fear but there will come out of it a true revelation of what a man's conduct should be to secure for him all needed success. It may not make him a very rich man, but it will prevent his being a very poor one. It may make him a wise and a good man, and with such result, is it not the truest success? let him be content.

#### AXILLARY ANEURISM CURED BY COMPRESSION.

*A Case of Aneurism cured by Pressure on its distal side. Presented to the Vermont Medical Society at their Session, at Castleton, June, 1845, by MIDDLETON GOLDSMITH, M.D., Professor of Surgery in the Castleton Medical College, and reported by J. A. ALLEN, M.D., Corresponding Secretary, Middlebury, Vt.*

[Communicated for the Boston Medical and Surgical Journal.]

MR. ——— BELLOWS, the subject of this case, is a native of Vermont, healthy, but not robust, and 20 years of age. In the month of February last, while engaged in the marble quarry at West Rutland, he received some fragments of marble, which were propelled by an accidental blast, into the anterior and lateral portions of his right breast, and into the axilla of this side. These wounds were not attended by hæmorrhage, and inflammation was developed about the small fragments of marble which his attendant physician, on account of their minuteness, had been unable to remove. For the first week or two, the case apparently progressed favorably, but after the lapse of three weeks, the patient observed a small tumor in the axilla, which gradually increased till he applied to Dr. Goldsmith, about the middle of April.

“At this time, I found,” said Dr. G., “an aneurism of the axillary artery, and apparently embracing it very nearly the whole length of the

vessel from the termination of the subclavian to the beginning of the brachial. The tumor was somewhat irregular in shape, and was observable by its lower extremity just below the tendon of the pectoralis major. The tumor pulsated plainly when grasped in any of its diameters, and ceased its pulsations when the subclavian was compressed as it passed over the first rib. And it gave the aneurismal thrill. The circulation was free but not strong in the brachial artery, and the pulse could be felt at the wrist."

In the opinion of Dr. G., the aneurism was of the false variety, like those which sometimes occur at the bend of the elbow from venesection.

"As the situation of the tumor was such," Dr. G. remarked, "that I could apply a compress upon the artery, at a point between which and the tumor there was no branch given off, I determined to try the effect of permanent compression. For this purpose, I used the common screw tourniquet, with three pads, to make the pressure on certain points, leaving the rest of the arm uncompressed. I put him upon the use of antimony and digitalis, and with these drugs I was able most of the time to keep his pulse reduced from the natural standard, 74, to between 45 and 55. I kept up the compression during the term of seven weeks; and for four, kept him under the influence of antimony and digitalis."

The pulsation in the tumor grew more feeble from the first application, till it disappeared on the 15th day. The tumor diminished in size until it was about as large as a pigeon's egg, when he was discharged. This was about the size of the tumor when the patient was presented to the Society. The tumor felt dense and membranous, and the circulation is restored, though feeble, in the brachial artery. This probably is through the medium of the recurrent branches at the elbow.

Preceding, during, and after the medical and surgical treatment, the patient, besides the attendance of Dr. Goldsmith, was seen and examined repeatedly by Dr. Sheldon, of West Rutland; Drs. Porters, of Rutland; Dr. Northrop, of Castleton; and Professors Perkins, Parkman and Carr, of the Medical College.

*Remarks.*—The successful event in this instance ought to be regarded as one of the most brilliant achievements of modern surgery. A proper estimate of its importance can be made by a consideration of the amount of pain and anxiety which was saved to the patient, and the degree of risk to which his life would have been exposed by the ordinary method of tying the subclavian artery. The former can be realized only by those who have suffered or are about to suffer from similar and hazardous operations. The sum of danger avoided can be ascertained with a tolerable degree of certainty by reference to Dr. Norris's table, showing the mortality following the operation of tying the subclavian artery, contained in the July No. of the American Journal of Medical Sciences. The table contains a report of sixty-nine cases in which the subclavian artery was the seat of the operation by the Hunterian method; and "*of these sixty-nine cases, thirty-six recovered and thirty-three died,*" nearly one half thus proving fatal. If Dr. Goldsmith had immediately proceeded to the operation of tying the subclavian, and thereby subjected the young man

to the unavoidable torture incident to such an occasion, and, at the same time, subjected him to an equal risk of losing with saving his life, the profession and the public would have been satisfied; and, if the event had proved favorable, the act would have been lauded as a splendid affair. As it is, the case has hardly excited any notice or attention. It has been very justly remarked by a distinguished European surgeon, that a surgeon, on commencing an operation, ought to feel chagrined because he was compelled to do like a savage what he had not knowledge sufficient to accomplish like a skilful man.

In the case under consideration the cure was very judiciously attempted by the combination of medication and pressure. *By making the pressure on the distal side of the tumor, it is believed, Dr. G. is unprecedented, especially in cases of axillary aneurism.*

M. Vernet attempted this method in a case of inguinal aneurism; but the pulsations were so increased, and the inconvenience so great, that it had to be abandoned. "This method," remarks Velpeau, "has been generally blamed, even by those who have adopted the idea of Brasdor on the subject of ligature; but yet it does not seem worthy of entire rejection. If, for example, it were necessary to treat an aneurism, above which it would be impossible, or at least highly dangerous, to apply compression or ligature; if, on the other hand, no important branch were furnished between the cardiac extremity and the free part of the tumor, it is by no means certain that, by compressing the artery on this latter point, you will not succeed in suspending the circulation in the aneurism, in occasioning the formation of a solid coagulum in its cavity, and, in short, of producing an obliteration of the arterial canal, and a perfect cure of the disease."

That which this eminent and learned French surgeon conceived to be barely possible, has been shown, in the present case, to be not only *possible*, but *safe, easy* and *practicable*. And, in fact, this instance, taken in connection with four or five other cases in which cures have recently been accomplished by compression made on the artery between the tumor and the heart, intimate in the strongest manner that the ancient method of cure by pressure has too soon been proscribed. And when it is considered that these cures by compression have occurred in succession in different hospitals, and under the care of different surgeons, we have reason to believe that the early plan of cure by pressure will be revived, improved, and probably, by an adoption, to some extent, of the method of Valsalva, supersede, in many cases, the modes of Anel, Hunter or Brasdor.

#### EXTRACTION OF A BROKEN NEEDLE FROM THE HAND.

By Estes Howe, M.D., Cambridge, Mass.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few things more embarrassing, in ordinary practice, than being called upon for advice, in a case where a needle has been thrust



into the flesh, and is supposed to be still present. Very often the evidence of its presence is so equivocal, that one feels very doubtful as to the expediency of an exploration with the scalpel, even at the request of the patient, and still more so as to advising or urging the use of the knife. Yet where a needle is really present, in the hand or foot, or near an articulation, the importance of immediate extraction will not be denied. And where there is no reasonable doubt of the presence of a needle, its exact position, and the direction of its axis, are extremely difficult to determine. We are not at liberty to explore, by incisions in every direction, as we might on the subject, but must content ourselves, at most, with a moderate crucial incision; and it is too often the case that after a search for some minutes, unsuccessfully, our conviction of the existence of the object of our search, "oozes out at the end of our fingers," like Bob Acre's courage—the patient "is sure it's not there," or "it feels better and may work out"—while our backs ache, our eyes are dim with looking, our fingers are tired of *poking*, and we give it up, in a woful uncertainty as to the case, but quite sure that the patient has an ugly wound to no purpose. To be assured, therefore, of the presence of a needle, and within very small limits, of its exact seat, and the direction of its axis, is no small thing in such cases. Feeling confidence in our diagnosis, we may boldly continue our explorations to complete success—being always able to assure our patient, beyond a doubt, that we shall ultimately succeed.

CASE.—Mrs. F., while washing, thrust into the palmar surface of the right hand, about an inch and a half anterior to the pisiform bone, something sharp—probably a needle. Upon examination of the dress she was washing, the half of a needle was found, and the question was, whether the other half was, or was not, buried in the flesh. On examining the place, a small puncture was perceived, from which, I was told, no blood had issued, when I saw the patient an hour after the accident. I probed the puncture with the blunt end of a needle, pretty deeply, but could feel nothing, and upon pressure in various directions could not arrive at any unequivocal evidence of the presence of the broken portion of needle. The patient was very reluctant to submit to the scalpel, and I did not feel sufficiently sure to urge her to submit to it, while I was equally unwilling to have her run the risk of losing the usefulness of her right hand (upon which she and four children depended for bread), by suffering the needle to remain, if it were really there. At this moment, the expedient of Mr. Alfred Snee, described in an article in the "*Medical Times*," of London, occurred to me, and I resorted to it with perfect satisfaction. His plan is to ascertain the existence and position of the needle, by rendering it a magnet. This may very readily be done, by subjecting it for a certain length of time to the action of a moderately powerful magnet. I procured, from a friend, a pretty powerful magnet—a steel bar about a foot long and half inch square—well charged. This I bound upon the arm, placing one pole directly over the seat of the injury. Two hours after, I removed it, and upon bringing a small magnetic needle, about an inch and a half long, into the immediate vicinity of the injured

part, had the great gratification of perceiving that it was strongly acted upon, being attracted or repelled as I presented one or the other pole. By a few experiments I was able to satisfy myself very nearly of the position of one pole of the magnet; but the exact direction of the axis I was not able to determine without an experiment that I could not well perform with a needle suspended in the ordinary way, upon a point. I therefore magnetized a common sewing needle, and suspended it by a fine silk thread. Upon bringing the affected part very near it, it was obviously influenced, and upon repeated trials uniformly arranged itself in a particular direction, of course parallel to the axis of the imbedded needle. I had now established the presence of the needle beyond all doubt, and its precise position and direction. A very moderate crucial incision enabled me to reach and extract it, though not without some trouble from the extreme timidity, and intolerance of pain, in the patient. I am sure that I could not have induced her to submit to the operation, unless I had had perfect confidence myself in my diagnosis. Perhaps it may be thought that the magnetic needle would have been attracted by the imbedded needle before it was magnetized, but I ascertained satisfactorily, by experiment, that this was not the case.

It is true, so large a magnet is not always at hand, but a smaller one would have been effectual, and any person possessing an electro-magnetic apparatus might make one of any size. I have been so much pleased with the result in this case, that I shall never use the knife, where I have any doubts, until I have cleared them up in the manner described.

#### ON THE TREATMENT OF HYDROCELE BY RETAINED INJECTIONS OF IODINE, AND BY THE SETON.

[Communicated for the Boston Medical and Surgical Journal.]

THE original plan of injecting stimulating solutions into the cavity of the tunica vaginalis superseded all other methods which anticipated a radical cure of hydrocele. This practice, which it is well known consists in a temporary retention of the fluid until the irritation caused by it ends in adhesive inflammation, and then in withdrawing it, has lately been so far modified that a solution of iodine in small quantities has been substituted for port wine and other astringents, and as an essential feature, is allowed to be *retained* in the scrotal cavity until removed by absorption. If the statistics which have accumulated in the European journals during a few years past are to be relied upon, iodine must be regarded as possessing specific powers over hydrocele. It is, however, difficult to comprehend that there is no bias or exaggeration in the statements published by the advocates of this exclusive practice, yet among them are many distinguished surgeons of the day whose word is beyond all question.

The practice, or discovery as it is claimed to be, of treating hydrocele by retained ioduretted injections, was first adopted by James Ranald Martin, a medical gentleman in the service of the East India Company, in Bengal, in 1832. Hydrocele is a disease of great frequency in the East

Indies, but we are told that the native inhabitants were reluctant to submit to the restraints imposed by the ordinary methods of treatment, and that operations for radical cure were seldom performed. But a glance at the following table shows the growing confidence with which the native inhabitants regarded the new treatment, and the extraordinary results that attended it. During eight years succeeding the discovery, the numbers treated at the Calcutta Native Hospital were 2393, as will appear by the following table.

|                  |   |   |   |   |             |
|------------------|---|---|---|---|-------------|
| In the year 1832 | - | - | - | - | 32          |
| " 1833           | - | - | - | - | 49          |
| " 1834           | - | - | - | - | 86          |
| " 1835           | - | - | - | - | 121         |
| " 1836           | - | - | - | - | 332         |
| " 1837           | - | - | - | - | 528         |
| " 1838           | - | - | - | - | 585         |
| " 1839           | - | - | - | - | 660         |
| Total            | - | - | - | - | 2393 cases. |

Of this aggregate, 1265 were Hindoos,  
 " " 1076 " Mahomedans,  
 " " 52 " Christians.

In the latter years a large proportion of the subjects were from Orissa, where hydrocele is endemic. Incredible as the results seem, the physicians of the Hospital report over their signatures that the failures from first to last were rather less than one per cent., and that no complication has interfered with the operation, which has superseded all others in India. It would be interesting to bring up the foregoing table to the present year, but the details are inaccessible to the writer. Perhaps the Editor will be kind enough to supply them.

Results so eminently successful naturally suggest an inquiry into the details by which they are accomplished. The practice of Mr. Martin is very simple. When the serum, which often exceeds 100 ounces, has been evacuated, a dram and a half to five drams\*, according to the size of the tumor, of a solution of tincture of iodine of uniform strength, viz., one part of tincture and three parts of water, is injected into and is almost always left within the sac. The scrotum is then grasped by the hand in such manner that the fluid shall be carried over every part of the internal surfaces. The subsequent treatment consists simply in applying cooling washes and in giving a purgative. No confinement is required; on the contrary, the native inhabitants usually walk home immediately after the operation and return in a day or two. Some patients go to their occupations the next day, and most of them on the third and fourth days. It must be confessed that a like freedom would with us be followed by deplorable consequences, by carrying the inflammatory action

\* Magendie's Formula.



and febrile disturbance by a great deal too far. Bransby Cooper relates the unfortunate case of a gentleman who walked home after the operation. The exemption of the natives of India from unfavorable terminations in the subsequent treatment seems due to peculiarities of climate and temperament.

The peculiar value of the iodine process is authenticated by Dr. Good-ey, another Indian practitioner, who employed retained injections in 272 cases with but two failures, or much less than one per cent. As a matter of course, a practice so successful spread rapidly into other countries, and a mass of corroborating testimony has been accumulated. Mr. Bransby Cooper asserts that since he has adopted it he has never failed. M. Velpeau employed the remedy in 300 cases "without accident," and other French surgeons praise it. Dr. Oppenheim corroborates its efficacy, having used it successfully in a great number of instances. So that on the whole, abating many grains of allowance for exaggerations inseparable from the enthusiasm of almost absolute success, iodine must be regarded as a remedy of specific virtue in the radical treatment of hydrocele. It seldom causes much pain even when strong, and its action appears to be similar to that of nitrate of silver; it stimulates, then soothes irritation and pain, at the same time it promotes the required inflammatory adhesions.

I have no personal knowledge of this procedure, having commenced with the seton and having been satisfied with results. The ease and rapidity with which this method can be executed, and the certainty of procuring the necessary degree of adhesive inflammation, are paramount advantages which may be claimed for this process. With a long straight needle that will freely pass a small canula, the seton can be inserted in a few seconds. The trocar being introduced as in the method for injection, and the stilet withdrawn, the needle is immediately carried through the canula to the upper part of the tumor, and pushed through the integuments upon the point of the finger, taking care to exclude the testicle and spermatic vessels, which may be securely avoided before the contents of the sac are evacuated. I have frequently accomplished the operation by simply puncturing the tumor at its bottom with a lancet, and instantly passing the ligature through the aperture with a common curved needle. This is not a way, however, to be recommended, for in the hurry to insert the seton before the serum escapes, there is a risk of puncturing the solid contents of the sac; but when the needle is guided by the tube there can be no fear of wounding vital parts. The seton which I have used is one composed of many distinct threads, and the time of its retention has varied from one hour to two weeks. It may be withdrawn when the tumor has regained its former dimensions and when the inflammation is of a deep rosy tint, which is usually the case in one, two, or three days. In a considerable number of instances, I have had but one failure, and but one case of suppuration, in which the ligature was removed in an hour after its insertion because of the excessive pain which it occasioned.

*Greenfield, Ms., Nov. 15, 1845.*

JAMES DEANE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1845.

*Diseases in Illinois.*—A correspondent—a Professor in one of the Western Medical Schools—under date of Galena, Ill., Nov. 5, 1845, writes as follows respecting some of the diseases in the places which he has lately visited. It will be perceived he gives important information respecting the immunity from pulmonary consumption said to be enjoyed in the State of Illinois. We hope to be favored with other communications from our friend during the winter.

“I left the East some six weeks since for the West, and have wandered thus far, having just returned from Dubuque (Iowa) and Mineral Point (Wisconsin). I have travelled hither to see the country, and collect such information as might concern my profession. It has been extremely sickly throughout all the towns in the West the summer past, and the white faces and emaciated frames which greet the eye on every side show the work of malaria over this truly beautiful land. Fevers of various type have prevailed the season past. Intermittents, remittents, and what is termed congestive fever, have been the principal. Last spring, in various sections of Illinois, the epidemic erysipelas prevailed to an alarming degree, and was attended with its usual concomitant, puerperal peritonitis. I made extensive inquiry respecting the prevalence of phthisis in Illinois, and find, what might have been, *a priori*, supposed, that where malarious fevers are prevalent, phthisis is comparatively rare. In the mineral region, especially about Mineral Point, Wisconsin, where it is broken and hilly, and the streams run over rocky and pebbly beds, and are fed by springs, fevers are rare, but here I am informed by the physicians that consumption is quite prevalent, nearly or quite as much so as at the East, compared with other diseases. At Dubuque, twenty miles north of Galena, in Iowa, on the Mississippi, fevers prevail to a great extent, while phthisis is rare. At Galena, along Fever River, the same state of things prevails, but the surrounding country is hilly, with high bluffs of rock along the water courses. Phthisis is here quite prevalent. In selecting a spot for the consumptive invalid, all that is requisite is to settle on some of the level and fertile prairies (and a great part of the State is of this description), or on some of the river bottoms, and the chance is greatly in favor that the life of such invalid may be greatly prolonged; or where a strong predisposition exists, hereditary or otherwise, consumption may never be developed. These are facts which strike every one who has resided any length of time in the State, and have given rise to the remark that consumption does not exist in the State. This is saying too much. Individuals must, from the necessity of the case, emigrate West, who are strongly predisposed to phthisis, or who actually labor under the incipient form of it, and such are greatly in danger of dying, let them go where they will. The bland airs of the South, or the prairie lands of the West, will often prove a fallacious hope to the consumptive invalid. Again I would say to the consumptive invalid from the East, seek the rich alluvial

bottoms of Illinois, where malarious fever is annually prevalent, and the chance of life being prolonged is in your favor.

“Bilious pneumonia, or winter fever, prevails in cold weather in many parts of the West, particularly on the high, uneven mineral region. With regard to the diseases peculiar to the mining population of this region, lead colic prevails to some extent among those employed in smelting the lead, but the miners who dig the ore are as healthy as any set of men. The water is not impregnated with lead or copper, although on some specimens of lead the carbonate is found encrusted on the surface.

“In conversing with a great many physicians of Illinois, on the diseases of children, they uniformly speak of the absence of terminous diseases.”

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*Successful Ligation of both Carotid Arteries in one Person.*—We are glad to learn that this operation has been happily performed by Dr. J. Mason Warren, in this city. The patient was a young man, about 22, who had been afflicted from birth with a nœvus on the breast, neck, and face. A remarkable deformity of the skin, and even an increased development of the bones of the head, had been produced by this disease. But what had most troubled and distressed the patient and his friends was, the recent development of a fungus-like tumor on the inside of the lower lip, base of the mouth and of the tongue. This was increasing, had become ulcerated, and presented an alarming aspect.

As it was impossible to extirpate the diseased mass, it was concluded, in consultation with Dr. John C. Warren, successively to tie the two carotid arteries, which supplied this diseased growth. The operation was accordingly executed first on the left side seven weeks since, and a sensible diminution of the disease having occurred, the right carotid was tied five weeks after the left. The patient did not suffer any extraordinary symptoms when the second great artery was tied, and convalesced so rapidly that in ten days he was able to walk the streets. A still greater diminution of the morbid appearances has occurred.

This is the first time in which the operation of tying both carotids in one individual has been done in this place.

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*Medical Lectures in Maine.*—As usual, the annual circular of this school is abroad seasonably. The term will not commence till the 16th of February, which affords those who are now in attendance at other institutions, to have another series before the snow leaves. We have so frequently set forth the good reputation of the Maine Medical School, and referred to its library, cabinet, &c., that it is quite needless to do the same at present. If a re-organization of the working part of the machinery were effected, by the election of a resident faculty, we think the Trustees would be surprised with the success of the operation. As matters now stand, the medical department of Bowdoin College does not accomplish half the good it might. A board of resident professors would have a local reputation which would very naturally gather in students, who would study their profession entirely at Brunswick, for the sake of the opportunities of witnessing the practice of eminent instructors, and would manifest a partiality for a place, a school and society where they



were pleasantly and profitably situated. We have urged these considerations on former occasions, and our doing so has called up hostile feelings where there was least occasion for them. One gentleman ordered his subscription to the Journal closed, instantler, probably from a conviction that we had no right to make suggestions in regard to the condition of science or literature among the people of another State. A desire to have the Maine school take the high ground which it might and should have, with such capabilities and acknowledged facilities as it can always command, as the only medical institution of the State, and withal a favorite beneficiary in by-gone days of the legislature, has alone prompted these and similar sentiments.

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*Boylston Medical Society.*—The following gentlemen have been elected officers for the ensuing year.

Henry J. Bigelow, M.D., *President*; Samuel Kneeland, M.D., *First Vice President*; Mr. James W. Stone, *Second Vice President*; Mr. Robert Dixon, *Secretary*.

By the liberality of the late Ward Nicholas Boylston, Esq., a fund was established in the year 1823, the interest of which is annually bestowed in prizes on the authors of the best dissertations presented by members of the Society. Exercises for the promotion of medical and surgical science by means of debates, lectures, &c., occur weekly. Advantages are thus offered to the medical man to perfect himself in the art of *delivering* his ideas, which is as important as the *acquisition* of knowledge. No similar institution exists in this city, and, in the language of Dr. Warren, "there are but few other opportunities of acquiring a facility in extemporaneous address, without participating in political brawls."

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*The Petrified Woman.*—There is a special paragraph in the last No. of the British American Journal of Medical and Physical Science, published at Montreal, intended to show that we have all been imposed upon here in the States, by the *petrified woman*, so called. It will be recollected that all we said of the body being petrified, was simply the assertion of the exhibitor. Being screwed up tightly, beyond the reach of fingers, we could only look at the mass through panes of glass. The Montreal Journal says—"We have a specimen of it, removed by a penknife, and from the fleshy part of the fore-arm, and a beautiful specimen of *adipocere* it is." Again, the editor remarks, "Our object in noticing this, is to expose a humbug, and to defeat the cupidity of parties deprived of the finer feelings of humanity." Wherever the stone woman appears, after this, it is to be hoped that the scientific part of the public may be more fortunate than they have been in Boston, by being permitted to touch and take specimens. In that way the exhibition would subserve the interest of science as well as that of the owners.

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*The Young Stethoscopist.*—We understand that Dr. Bowditch, of this city, has in press a new work, under the above title, on the Physical Signs of Diseases of the Chest. It is intended as an aid to students, and to physicians resident in the country. About the middle of January it will, probably, be ready for the trade. There are in it between twenty and

thirty engraved illustrations. The well-known reputation of the author in stethoscopic explorations is all that is necessary to have his treatise well received by the medical public.

*Medical Society of Quebec.*—On the 25th of Nov. a meeting of the Medical Society was held, for the purpose of receiving the report of its delegates to the Montreal Convention, Aug. 21st. Dr. Morrin presided, Dr. Badgley being Secretary. The mission to Montreal was unsuccessful, and the medical gentlemen of Quebec, by a series of resolutions, express their regret that matters eventuated thus. In a word, the Quebec delegation was not recognized as representing any medical district.

*Blue Ink.* By M. MORNUNG.—Mix four parts of perchloride of iron, in solution with 750 parts of water, then add four parts of cyanide of potassium dissolved in a little water; collect the precipitate formed, wash it with several additions of water, allow it to drain until it weighs about 200 parts; add to this one part of oxalic acid, and promote the solution of the cyanide by shaking the bottle containing the mixture.

The addition of gum and sugar is useless, and even appears to exercise a prejudicial effect on the beauty of the ink. It may be kept without any addition for a long time.—*Journal de Chimie Médicale.*

*Medical Miscellany.*—M. Barmel has conceived the idea of making a medal from the iron which might be collected from the blood of a subject. A wife of a member of the Ecole de Medicine, of Paris, says the Courier, wears a ring made of the iron which was extracted from blood taken from her husband during the course of a severe disease.—Smallpox appears to be exceedingly rife at Baltimore, Philadelphia, and many places West. There were eight deaths by it in Philadelphia week before last. Various towns in New England are also more or less afflicted with it.—A gentleman is represented to have died last week, a victim to an inveterate habit of smoking. He is said to have smoked thirty cigars in a day. The mortality of all Germany is thought to be very much increased, annually, by too much devotion to the tobacco pipe.—The state of health in the interior of Ohio is represented by a correspondent to be good this fall, and the weather through October was unusually mild and pleasant.—In a proof sheet of the Journal of Natural History, we notice an article by James Deane, M.D., on the fossil foot marks at Turner's Falls, Mass.

MARRIED,—At West Topsham, Vt., Dr. Levi Burton to Miss S. Jenniss.—At Washington, D. C., Dr. R. Finley Hunt to Mrs. C. A. Crandall.—At Yorkville, S. C., Dr. J. F. Lindsay to Miss R. W. G. Frost.

DIED,—At Snow Hill, Maryland, Dr. Wm. Riley, killed by being thrown from his sulkey.

Number of deaths in Boston, for the week ending Nov. 29, 39.—Males 21, females 18. Stillborn, 7.

Of consumption, 8—typhus fever, 2—dropsy on the brain, 6—inflammation of the brain, 2—lung fever, 1—smallpox, 4—hooping cough, 2—throat distemper, 1—infantile, 3—inflammation of the bowels, 1—old age, 1—scrofula, 1—inflammation of the stomach, 1—palsy, 1—croup, 1—rheumatic fever, 1—cancer, 1—intemperance, 1—drowned, 1.

Under 5 years, 15—between 5 and 20 years, 4—between 20 and 60 years, 18—over 60 years, 3.

*The Practice of Re-vaccination.*—Every medical man must be aware that the propriety or necessity of this practice has excited much attention of late, although its investigation has been unaccountably neglected by the profession in this country. To us there seems no one valid objection to urge against it. It has been said, indeed, that such adoption would unsettle the public mind in its faith in vaccination. Nor need this be regretted. The most fatal condition of the public mind, and from which much evil has already sprung, is *apathy*. Let public attention be fairly aroused, the merits of vaccination will then undergo renewed discussion, and its more general adoption will be the result. It is especially to Prussia and Wurtemberg that we are indebted for the experiment of re-vaccination upon a large scale. In the former country, of 216,289 re-vaccinations during 1833-7, there were 84,516 successful: and of 44,000 in the latter country, 20,000 succeeded. Frequently, too, cases which failed on a first trial succeeded on a subsequent one. The precise proportion of successful cases has varied from 31 to 45 or 46 per cent.—the period between the ages of 10 and 30 being found that most certain of success. Of course, no one infers that the success of re-vaccination implies a liability to smallpox in an equal number of cases. The operation, in fact, in the hands of Heim, proved successful also in 32 per cent. of persons who had already had the smallpox—a proportion infinitely greater than that in which smallpox occurs a second time. But, although we are unable to state the exact proportion of the vaccinated persons, in whom re-vaccination succeeded at the rate of 34 per cent., who would otherwise have acquired smallpox on exposure, yet experience has shown that this might have been considerable; whereas, among the many thousands who have undergone re-vaccination in Prussia and Wurtemberg, an example of the occurrence of smallpox has only here and there been observed. Moreover, in the case of an epidemic breaking out, it has been found, in various localities, that immediate re-vaccination has *arrested its course*—individuals in whom the operation proved successful and those in whom it failed equally resisting the disease.—*Med. Chir. Rev. Oct.*

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*Excessive Crowding.*—Mr. Farr has adduced a small portion of the East of London, containing a population in the ratio of 243,000 inhabitants to a square mile, as the greatest density attained in the heart of English cities; but, according to Dr. Duncan, there is actually a district in Liverpool “containing about 12,000 inhabitants crowded together on a surface of 105,000 square yards, which gives a ratio of 460,000 inhabitants to the geographical square mile; and if we confine the calculation to a smaller portion of this district, but still comprising a population of 8,000 (on 49,000 square yards), we shall find the inhabitants packed together in the proportion of 657,963 to the square mile.” In Nottingham, which is hemmed in by fields belonging to the freemen, it is stated by Mr. Hawksley that 4,200 people dwell in a square of 220 yards on the side (46,400 square yards), and that the average area to each inhabitant throughout the town, including the streets, is about 18 square yards.—*Ibid.*

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Just published in London, a work on Scarlatina and its successful Treatment by a new Method. By I. B. Brown, M.R.C.S.



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INFLAMMATION OF THE UTERUS.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ACCORDING to medical writers, inflammation of the substance of the uterus is by no means rare. Some have met with it in about half of their puerperal cases. Duges, for instance, met with it in three out of four, and Lee in ten out of forty-five cases.

As far as my own observation extends, however, strongly-marked cases of pure inflammation of the muscular substance, are not common. In my three years' practice in the Boston Dispensary, which, as is well known, furnishes abundance of midwifery cases, puerperal fever in all its varieties was frequent; but I never met with a serious case of pure uterine inflammation. Of course, when the peritoneal surface and the appendages are inflamed, the substance of the uterus often participates more or less, but in this case the affection of the part is absorbed, as it were, in the more general disorder.

Muscular inflammation of the womb may be distinguished by its coming on, shortly after delivery, with violent pain directly over the uterine region, attended with great tenderness on pressure, and increased exceedingly on motion. The pain and tenderness are confined to this single spot, just above the symphysis pubis; and do not extend over the surface of the abdomen. The pulse is generally of the inflammatory character, very full and rapid, and the tongue greatly coated. The urine and the lochia are commonly suppressed.

Among the causes of this disease, Dr. Dewees mentions: "The long and reiterated efforts the uterus is occasionally forced to make to overcome the resistance which opposes the expulsion of the child: whether this arise from rigidity of the neck of the uterus; or of the external soft parts; the construction of the pelvis; or the size or situation of the child."

In the two following strongly-marked cases, which have occurred in my practice, one remarkable feature was the readiness with which the organ was acted upon, and the inflammation more than once brought back, after it had been removed, by mental excitement whether pleasurable or the reverse. In fact, in both of these cases, mental excitement was the immediate cause of inflammation. This is not at all surprising

when we consider the influence which sudden surprises, whether joyful or painful, have upon this organ at all times, and especially in pregnancy.

CASE I.—June 4th, 18—, I was summoned, about 2 o'clock in the morning, to visit a lady who had been about four hours in labor. She was about 26 years of age, a little above the middle size, of sanguine temperament, and lively disposition. It was her first child. The pains were strong and the labor had progressed steadily from the time of its commencement. It continued through the morning, the soft parts yielding with difficulty, and the patient suffering much in consequence of the rigidity of the parts, the violence of the pains, and the large size of the child. After the birth of the head, there was still some difficulty in delivering the body. The child did not cry or breathe on birth; but after some time, animation was restored by the usual means. It became a hearty, robust boy.

The patient was soon after put to bed, and seemed to be doing well. On my visit the next morning, I found her sitting in a chair whilst having her bed made. The breasts were filled with milk, but owing to the contraction of the nipple, the child could not nurse, and it was necessary to use a breast pump. I remonstrated against her sitting up, and cautioned her against exertion of any kind.

On the afternoon of the fourth day after delivery, June 8th, I was called to her in haste. She had violent pain in the uterine region, with great tenderness on pressure over the uterus, but not over the abdomen generally. There was great fulness of the abdomen, and the urine was suppressed. The tongue was covered with a white coat; the pulse full, but not much accelerated. The flow of milk was still free. Bowels costive.

Although the patient was of full habit, yet as the state of the pulse did not indicate venesection, and as leeches were not accessible without great delay, I determined to trust, in the first instance, to the effect of calomel employed as a cathartic. I directed a large dose to be given instantly with a small portion of jalap, and to be repeated if it did not operate; warm fomentations over the uterine region, and a pill of calomel, opium and antimony, after the operation of the cathartic.

The effect of the purgative was as favorable as I could have wished. After two doses, it operated well, the pain was considerably relieved, and some urine was passed. On my morning visit, I found her much more comfortable. She was free from pain while perfectly still, but it returned upon the slightest motion. The milk was abundant, and there was no suppression of the lochia. In the afternoon there was a return of the pain, but it was relieved by fomentations and subsided gradually towards morning. The night, however, was restless, with frequent inclination to pass water, and great pain and difficulty in doing so.

The next morning, June 10th, I found her much as on the preceding day. The bowels being costive, I ordered a dose of castor oil; also the free use of slippery-elm tea for the urinary troubles. On the afternoon of this day, after some mental agitation, she had a severe return of the pain. I found two doses of the oil had been given without effect, but after an

injection she was again relieved. The night was restless and uncomfortable.

On the succeeding morning, June 11th, I found her free from pain except on motion; but on the slightest attempt to move there was that contraction of the forehead which evinces sharp internal pain, and is generally indicative of organic disease. The respiration was hurried, and attended with groaning. These were unfavorable symptoms, but there were others of an opposite character. The pulse was still favorable, the milk came even more freely than at first, and there was less tenderness on pressure. The fulness of the abdomen also had been gradually subsiding. I had continued the pill of calomel, opium, and antimony, every night; and there was now mercurial fetor and soreness of the gums. I may remark, in passing, that although I rely greatly upon mercury, especially in inflammatory diseases, I have always used it with so great caution, that for four years I have not produced soreness of the gums except in this instance. The action upon the liver and the secretions may be produced, and the inflammation controlled, without producing any effect upon the mouth. The slightest bad taste in the mouth is an indication with me to suspend and check its operation with sulphate of magnesia, in cathartic, or in smaller doses, as the case may require. In this way, we derive more benefit than can be obtained by salivation; without any of the evil effects of the medicine, and the course can, if necessary, be continued longer.

I directed a dose of Epsom salts as a cathartic; six grains of Dover's powder, three times a-day; and twenty drops of nitrous ether three times a day. The decoction of slippery-elm bark to be continued. If the pain returned, an injection to be given immediately. Fomentations to be continued.

June 12th.—I found her more comfortable than yesterday. The afternoon and night had been passed without severe pain. The difficulty of passing water continued, but was less in degree. The tenderness in the uterine region was somewhat less.

From this time, there was a slow but steady improvement in all the symptoms. Her nights were kept tranquil by the use of Dover's powders, the bowels regulated by injections, and the urinary organs by spirits of nitrous ether, and the decoction of elm bark. The patient, in the mean time, was kept perfectly still in her bed. Toward the end of June, she had improved so far as to sit up in bed for a little while at a time.

On the second of July, however, after some mental excitement, occasioned by receiving very agreeable news, the pain suddenly returned; and I was again summoned in haste. A gentle opiate was given, the pains gradually subsided, and the recovery was not retarded. In a week from this time, the patient was able to leave her room. She gradually gained strength, and recovered her usual degree of health without further impediment.

In this case, the active remedies were cathartics, fomentations and opiates. The specific effect of the submuriate no doubt had a powerful influence in subduing the inflammation. The use of warm fomentations



is recommended by Dr. Clarke, but objected to by Dr. Dewees. In this instance the benefit was very apparent, in relieving the pain and in promoting the passing of urine. The pain diminished almost immediately upon their application.

Some months after her recovery, the patient left the town; but I have since learnt that she was confined a second time about two years after, and suffered more in the consequences than she did with her first child; as she had swelled leg, and her convalescence occupied three months.

CASE II.—August 4th, 18—. First child. In this case, the patient was nearly of the same size and age as in the former; but of nervous instead of sanguine temperament.

I was called to her about 12 at noon. The pains had commenced about 10 the night before, and continued steady. She was sitting up, and the dulness of the pains indicated that the first stage of labor was not completed. Upon examination, I gave my opinion that delivery would not take place under six or eight hours. About 5, P. M., the pains changed their character, and became sharp and powerful. They increased in severity, becoming almost constant. There was less pain in the back than usual; the suffering being mostly in front, and continuing in the intervals of labor pains. The suffering was extreme, though, perhaps, not very much greater than is frequent in females of similar size and age, who generally undergo more than those of smaller figure and laxer fibre. Some of the most melancholy and striking instances which rise to my mind, and which may occur to the minds of many of the profession in Boston, of fatal results ensuing after confinement, took place in ladies of nearly the same size, age and figure of the subjects of these two cases.—The only peculiarity in the delivery was that, whether from the size of the body or the shape of the head, it remained an instant half delivered, with the os externum stretched to the fullest degree; the pain subsiding, and leaving it in this position, from which it could not be removed without violence. This was of course a moment of extreme suffering to the patient. On the return of the uterine contractions, it was expelled with very little assistance, about 8, P. M.; and the body readily followed.

To my surprise, the cries of the patient continued, and the assurance that her principal suffering was over, did not quiet her. The child cried lustily at birth; it was a stout boy with a large head, and an unusual prominence of the occiput. The patient became rather easier, and I hoped that on the coming away of the placenta, she would be entirely relieved. This came away at the usual time, but there was not the relief I expected. There was considerable though not excessive hemorrhage. The uterus contracted well, but there was considerable tenderness of the abdomen directly over it. I had spirit applied to the bowels, and gave her Dover's powders. After a little while she again became easier; and about 10 o'clock, I made an attempt to get her up, everything about her being thoroughly wet. On raising her a little, however, entire syncope took place; and I was obliged to abandon the effort. I

directed dry cloths to be placed next the skin, and applied a tight bandage, as usual, around the abdomen. I left her about 11 o'clock.

I was called to her again about 2, A. M. She had violent pain in the uterine region, with great tenderness on pressure. I gave an opiate, and had a powerful mustard poultice applied immediately to the abdomen. After a time, the pain was subdued, but nausea, tendency to syncope, feeble pulse and other marks of extreme prostration succeeded. I directed twenty drops of spirits of nitrous ether, and warm wine and water to be given alternately every two hours; also a cup of warm gruel every two hours. Warm fomentations to be applied immediately after the removal of the mustard poultice.

August 5th.—Visited her about 8, A. M. I found her more comfortable, pulse stronger. There was still considerable pain and great tenderness. In the evening I found her about the same. The bandage having slipped down and become painful, I re-applied it. As she had passed no water since her confinement, I directed hot applications to the lower part of the bowels, and gave spirits of nitrous ether every two hours; a pill of calomel, antimony and opium to be taken at 10 o'clock, and repeated, if necessary, at 12.

6th.—Passed urine freely after the warm applications; no severe pain. Abdomen much swelled, and bandage become so tight that she has had it removed. Bowels costive. The child has been put to the breast, but there is no milk. On inquiry, she says that she has never had any sensation in the breasts. Ordered a dose of castor oil. Pill at bed time.

7th.—The abdomen was considerably reduced after the operation of the oil. One or two large coagula were passed. Continues as well.

From this time to the 12th, she went on gradually improving. She was, however, liable to constant fainting on the slightest attempt to raise her head. Any motion of the body brought on pain. The pulse, through all this period, was slower than natural. The bowels were sluggish, and constant injections required.

On the first night, I felt exceedingly apprehensive that the patient would sink in the way women sometimes do, from the immediate consequences of labor, or from *shock* as it is called; and up to the present time, August 12th, I considered her situation as dangerous. This morning she appeared stronger and better than she had done. I had hitherto very strictly prohibited her seeing any one but those required to attend upon her; but she was now so much more comfortable that I tacitly permitted her to see a friend. Having had no operation, I gave her a mild cathartic.

13th.—About 5, P. M., I was called in haste. She had seen a friend who called, had considerable conversation, and become very much excited. During the visit she felt pain coming on in the uterine region, and it soon became very severe. I found her crying out incessantly with the violence of the pain. There was great tenderness above the symphysis pubis, not elsewhere; the abdomen was very full and tense; the pulse was increased in quickness; the urine and the lochiæ were still free. The cathartic had not operated. Being desirous of acting upon

the bowels before employing a more powerful opiate, I gave her Dover's powders, and ordered an injection to be given immediately. A strong mustard poultice was applied over the seat of pain. The tendency to delirium put venesection out of the question. The difficulty of obtaining and applying leeches was the only objection to their use. After waiting about an hour, as the pain continued unabated, I gave her about fifteen grains of the submur. hydrarg., and afterwards powerful opiates. Two injections of oatmeal gruel with salt and castor oil were given in the course of the evening, and finally operated freely; and about 10 o'clock I left her considerably easier. Bags of hops wet with hot vinegar were to be applied to the bowels after the removal of the mustard poultice; and the opiates continued until sleep was procured.

On the morning of the 13th, I visited her about 7 o'clock. I perceived on entering the room, a strong cadaverous smell, increasing as I approached the patient. She was lying low in the bed, countenance yellow, pulse very feeble, voice husky. Says the pain left her entirely about 2, A. M., and she is now perfectly easy. Has had a very free operation from the medicine. The lochial discharge continues; urine free.

The entire subsidence of the pain, the marks of great prostration, and the fœtid smell, led me to fear mortification. Dr. Dewees notices this smell from the lochiæ as one of the strong indications of a fatal result. I directed tr. sulph. quinin. to be given every four hours, and spirits of nitrous ether every four hours, crossing each other. Nourishment to be taken regularly every two hours.

In the afternoon, there was some slight return of pain, but it subsided readily after an injection. At my evening visit, I found she had rallied considerably. The pulse was stronger, the voice clearer, the fœtid smell had disappeared; and, in short, there was an improvement in all respects. The immediate danger of gangrene was passed; but the friends had now taken the alarm, and were anxious for a consultation. To this I gladly consented; being very willing to divide the responsibility, as the case was still very critical. Dr. Hosmer, of Watertown, whom I have always esteemed it a privilege to meet, was applied to, and agreed to meet me at 8, the next morning.

I now omitted the quinine, but directed the nitrous ether to be continued as a gentle stimulant, and nourishment to be continued every two hours while awake. Six grains of Dover's powder to be given every four hours until she slept.

August 14th.—At 8 o'clock, I visited the patient in company with Dr. Hosmer. I found her much the same as last evening. She had passed a good night, and gave a favorable report. She had been a good deal agitated by the proposed consultation, which she had just been told of; but she now appeared tolerably calm. Her condition was this: Countenance and whole skin very white—the yellowness having entirely disappeared; mind perfectly clear; tongue little coated; no dulness of the eyes; pulse quick, but not of bad character; skin rather moist; urine and lochiæ free; abdomen greatly distended, tympanitic, giving the sound of a bladder filled with air. There was no severe pain in the uterine



region when perfectly still ; but there was great tenderness. Raising her head produced giddiness and fainting. Dr. Hosmer recommended an injection, twice a-day, of one drachm of ol. terebinth. in a pint of decoction of menth. viridis ; six grains of Dover's powder, three times a-day ; the abdomen to be rubbed with a liniment of ol. terebinth. and aq. ammoniæ.

At my evening visit I found her in considerable uneasiness, having had no operation, both injections being retained. I gave her an injection of a pint of gruel, with salt and castor oil, as above. Afterwards the following. R. Tr. opii camphorat., vini antimon., spt. æth. nitros., āā ʒ ss. M. A teaspoonful alternately with Dover's powder every four hours until sleep.

August 15th.—The third injection operated very freely, after which she was very comfortable. The tumefaction of the abdomen was considerably less. As the mustard poultice had removed the skin considerably, I had directed the liniment to be carefully applied to the sound part only. To my surprise, I found it had been rubbed freely over the whole abdomen, without producing any smarting. The ingredients of the liniment were fresh and of the first quality. As the injections the preceding day had worried and fatigued her considerably, I thought it better to omit the morning one. I directed the Dover's powders to be continued, and the liniment used freely. In the afternoon, I found there had been some return of pain. In other respects remained as comfortable. No sensation produced by the liniment. Dover's powders and drops to be used as last night.

16th.—Somewhat better. The abdomen still remains tympanitic and tender, but is a little less swollen. She has had cramps and considerable pain in the right leg.

For several days she continued pretty much the same, but about the 20th had some exacerbation of the pain. About this time the lochiæ ceased. As the liniment had produced no irritation, I now directed it to be omitted, and a blister applied above the symphysis pubis. I now determined to make trial of the submuriate, two grains every night with Dover's powder, until a slight effect should be perceived.

The good effect of the blister was very perceptible in removing the pain. She now gained more rapidly, the tumor nearly subsided, and the soreness became less. She had at one time considerable pain in the shoulders, and at another a severe attack of pain in the right side, accompanied with difficult breathing. This was relieved by a blister and opiates. When we take into consideration the whiteness of the skin, the tendency to deliquium, and latterly the pain in the chest, together with some of the other symptoms, there can be no doubt that, in cases of this kind, there is a tendency of the vital forces inwards, from the surface to the centre, producing an engorgement of all the internal organs, and hence when one is relieved there is a disposition in the others to inflame.

The mercurial course was continued for about a week, when as she thought she felt some soreness of the mouth, I discontinued it. She never had at any time the metallic taste, or mercurial fætor. I now gave her a solution of Epsom salts with tincture of peppermint, &c. (one

ounce to four fluid ounces), a tablespoonful every four hours until it operated. This operated well, and the next morning there was not the slightest trace of mercurial effect upon the mouth.

I continued to visit her three times a-day until the first of September. At this time there was very little swelling, and the tenderness and soreness had nearly subsided. She had laid on her back now nearly a month, with perfect inability to turn in the bed or to raise her head. Every attempt to raise her produced faintness. As her progress in gaining strength was slow, I now directed the use of a tonic of gentian, cascarilla, quassia and rhubarb. For a short time past I had allowed her broth.

She continued to do well until Sept. 6th, when, after some new cause of excitement, she had a severe return of pain and swelling of the abdomen. I had kept the bowels regular by the constant use of laxatives, and injections; but, at this time, the cathartic latterly employed had failed, and she was costive. I gave her ten grains of the submuriate and an injection of gruel, &c. A blister was again applied to the abdomen. Dover's powders and the above-mentioned drops were used very freely. After the operation of the injection she became easier, and the pain wore off. Her strength was considerably reduced and her recovery delayed.

A short time after this, owing to a similar cause, she had another attack of severe pain accompanied with swelling. The tenderness and pain now extended over the whole abdomen. The pulse was more rapid than it had been at any time, and the face was slightly flushed. It had hitherto had the whiteness of chalk. The skin also was now dryer than it had been. In short, I now apprehended a regular siege of peritonitis. I ordered an injection of gruel, with two drachms of oil of turpentine, to be given immediately, and a blister applied. The drops of paregoric, antimony, &c., to be resumed and used freely. The injection operated very powerfully, producing a good deal of distress in the bowels, with nausea and fainting; but the pain was relieved, she became quite comfortable, and in a day or two the swelling and pain disappeared. After this attack, I omitted the tonic, and determined upon keeping the patient moderately under the influence of sedatives the whole time. To this end, sixty drops of the preparation above mentioned, were given every four hours during the day; and compound ipecac. powders every three hours during the night.

After the 10th of September, I found it necessary to visit her only once a-day. There was a slight perceptible gain from day to day; but she was still perfectly unable to move her body or to raise her head. She continued slowly to improve, through the month of September. At the end of this time, there was no soreness or swelling in any part of the abdomen; and no tenderness on pressure. She was gradually obtaining power to move her lower limbs, and began to lie with her head a little elevated. Dizziness still occurred, whenever the head was much raised. An attempt to raise her, produced pain throughout the spinal column. The pulse still continued very slow and feeble, and the whiteness of the skin remained. I now gave her fifteen drops of tincture of sulphate of

quinine three times a-day. About the 6th of October, I had her lifted from her bed into a chair; and in the course of a day or two, she was able to exercise her feet by rocking. The first attempts at moving the lower limbs from a horizontal posture, were attended with great pain; and for some time they swelled very much during the day. Still greater pain was produced by her first attempts at bearing her weight upon them; and still more by her first attempts at walking. The stomach was still very delicate. I had for some time past allowed her broth, the juice of meat, and a little bread.

By the 24th of October, she was able to walk about her room without help; and two or three days after, she left her room. About the 24th the catamenia occurred. She never had any milk or the slightest sensation in her breasts.

The child was at first strong and hearty. Although deprived of the breast milk, it seemed to be doing well, and went comfortably through the first disease of infancy, sore mouth. But it was in the midst of the dog-days, and the weather intensely hot. It was not always possible to procure sweet milk or cream; and it began to fail. I now earnestly urged that means should be procured of affording it its natural food. One of the neighbors had a child six months old. She was prevailed upon to come in and nurse it three times a-day. The effect was immediate; and it again began to thrive. For some time, it went on very well. But the nurse became unwell; she had her own family to attend to, and became less regular as the infant seemed less to require her assistance. It again failed suddenly. I urged the necessity of placing it at nurse, as the only means of saving it. It was several days before an arrangement could be made for this purpose; and when it was carried to its new nurse, it was a day or two too late. Although two months old, it was smaller and must have weighed less than at birth. Yet only four days before it had been tolerably plump. So rapid had been the emaciation. It nursed well the first day; on the second day, not so well; and after this became unable to take the breast. It was fed again on milk and diluted cream; an attempt was made to support its strength by stimulants, but without any other effect than to prolong life for a day or two. It sunk very slowly but steadily, and died about the first of October.

Inflammation does not, in general, take place immediately after confinement, and not until re-action takes place after the shock of delivery. In the first of these cases, it took place on the fourth day. It was brought on, no doubt, principally by imprudence in not keeping sufficiently still on the first days after confinement. Sudden excitement occurring when the system was thus predisposed, inflammation of the uterus took place. The external circumstances in this case were very favorable. The weather though warm was not hot, the patient had an experienced nurse; everything went on quietly and systematically, and without interference from officious visitors.

In the second case, although there was great soreness and tenderness on pressure from the very moment of delivery, active inflammation did not take place till the ninth day after delivery. The weather was intensely hot, and the local situation, at that time particularly, a very noisy



one. Although the patient had every necessary article that money could procure, yet the want of a cool experienced nurse was greatly felt. It is impossible for the immediate friends to manage in cases of great danger with the same quiet and regularity as a hired nurse. She is or ought to be absolute in her sphere, she does or directs everything with calmness, and the friends acquire firmness by her example. Above all, she keeps the patient from using improper exertion ; and opposes intrusion into the sick room with more authority and with better grace than the friends themselves can do, however strict the orders of the physician.

In the country, the necessity of quiet and perfect rest to the puerperal patient is very little understood. The day after her confinement she feels perfectly well, and cannot conceive why she should lie a-bed. Still less can her acquaintance imagine why they should be excluded. The utmost the physician can, in general, do, is to confine his patient to her room for a fortnight. The Irish lady, it is true, may be seen in Broad St., buying meat of her butcher the day after the birth of her child ; and she may escape the immediate consequences of such a step ; perhaps also the remote ones. In like manner, American women who are brought up to hard labor—a rare class in these days—may with safety go to their work in a comparatively short time ; but the person brought up and resident in a city or a manufacturing village, cannot do so with impunity. If she have the good fortune to escape puerperal fever, inflammation of the womb, and puerperal insanity, there are other evils that sooner or later develop themselves. Among these, are protracted and excessive flow of lochiæ, prolapsus uteri, weak back, and supposed spinal affections. In short, the patient who has appeared remarkably well for some weeks after her confinement, finds she does not recover her usual strength. She is *ailing*, and has certain anomalous and obscure symptoms which puzzle the physician and admit only of palliation. She is nervous, troubled at times with indigestion, has urinary troubles, swelling of the bowels and limbs, headache, &c. In short, all the abdominal organs are disordered. These results do not of course appear at once, and sometimes not till after several confinements. They develop themselves gradually, and increase until, after a longer or shorter period, the system gives way and she sinks from suffering and exhaustion.

But to return to my second case. The patient was not at all disturbed during the first week. But as soon as inflammation had occurred, the elderly ladies of the place, never having heard, apparently, of inflammation of the womb, and eager to see and advise in so strange a case, actually besieged the house. The patient herself was able to prevent their actual entrance into her room, but the noise of tongues, like the rush of many waters, could not be kept out. To the heat, the noise, the officiousness of visitors, many other causes of mental disturbance were added. In short, as in the other case all the external circumstances were favorable ; in this all the external circumstances were unfavorable. In regard to the medical attendance, whatever may have been the skill employed, I can truly say that there never was a case more closely and assiduously watched ; or more pains taken to render the issue favorable.

*Newton Lower Falls, November, 1845.*

## ASTHMA OF LONG STANDING—PLEURISY AND GANGRENE OF THE LUNG—FATAL.

By George Hubbard, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

MR. G. M., the subject of the following communication, I first visited as a patient on the 20th of December, 1835. He was at that time 28 years of age, married, and had always enjoyed excellent health, never having suffered with cough or any difficulty of breathing. He was of more than middling size, the chest broad and full, and his form that of great health and strength. Without giving the symptoms at that time in detail, it will be sufficient to say that his disease proved to be measles, accompanied with tightness across the chest, and great oppression for breath, which lasted four or five days, but was entirely relieved by the application of a large blister to the thorax.

From this time for more than two years he enjoyed good health, when he again suffered with dyspnœa, which in a few days terminated in health. These attacks, which he called asthma, were from the winter of 1838 more or less frequent, occurring three or four times a year at irregular intervals; sometimes six months, and once a whole year elapsing without suffering. I recollect his remarking, about three years ago, that he thought he had got rid of the asthma, as he had not had it for a whole year. Soon after this, he had a very severe attack, confining him to his room nearly a week. Till within the last two years his general health has not suffered much, the difficulty of respiration rarely continuing a week at a time, being accompanied with only a moderate cough, and generally with but little expectoration. During the cold weather of 1843-4, and 1844-5, his general health suffered a good deal, some of the attacks lasting two or three weeks before the respiration became free, the cough being severe, with, at times, copious expectoration. He grew thinner and paler, and there was loss of strength, &c.

During all his sufferings, bringing the time down to the summer of 1845, he scarce ever lost more than three or four days from his business (a boarding house), and some of the attacks were not sufficient to confine him either to his room or to the house. There was generally scarce any fever, and no gastric symptoms, the appetite, though diminished, being pretty good. I have frequently seen him about his work, when the respiration could be heard at a considerable distance.

From my earliest acquaintance with him, I frequently examined the chest by auscultation and percussion. The whole chest always sounded remarkably clear, and at times, when percussing the back, it seemed as though the thorax was hollow. The murmur of respiration, during the worst paroxysms, was usually very weak or entirely absent over almost the whole chest. I sometimes could hear a sharp, sonorous rattle; and I have heard, at the distance of several feet from the patient, the sound imitating the cooing of a dove. As the cough was dry or otherwise, the expectoration free or not, the rattles varied very much, the mucous, the

sonorous and the sibilant being heard at different examinations, and sometimes all of them at the same examination in different localities.

A great variety of remedies were used at different times. All manner of expectorants, James's powder, Dover's powder, camphor, valerian, Hoffman's anodyne, lobelia (as an emetic), antimony, ipecac. in emetic quantities, smoking stramonium leaves, inhaling the fumes of paper dipped in a solution of nitre and burned in his room, smoking tobacco in a pipe, and almost all the highly-puffed patent remedies recommended for coughs, colds, consumptions and asthma, were tried by himself, and all with little or no relief. I do not recollect that there was any decided mitigation of suffering from any remedy that was employed; and for the last three years he took but little medicine, but depended principally upon his pipe and tobacco alone for relief, saying that it did as much good as anything, and that he suffered no more nor any longer than when he took medicine. And I believe this was true.

All that has been said has reference to what occurred before the beginning of last summer. Through the last summer his health was tolerably good, as he had no attack of his old complaint, though there was in his aspect an appearance of loss of general vigor and energy. About the first of October last, he had a return of difficulty of breathing, which lasted for three or four days, but it was not so severe as to confine him to the house. At this time he coughed and raised a good deal for a week or ten days. He then got better.

October 25th.—Found him in bed. He then had a sharp pain at the lower left back and side. Here was a new symptom—for in all his former illness I never heard him complain of any pain. He had felt this pain coming on for two or three days. Respiration free and easy, only that it hurt him, he said, on the left side to draw in his breath. He coughed, the expectoration was loose, easy, and the sputa *quite offensive*. Here was another new symptom; for never previously had I noticed any disagreeable smell in the matter expectorated. The chest had its usual resonance on percussion, and there was a very general mucous rattle over both lungs. From this time till Nov. 5th, he sat up most of the day in his room, had but little fever, coughed and raised more or less of very offensive matter every day. Sometimes he would pass the night with but little cough, and would then cough an hour or two in the morning. Sometimes he would cough almost all night, and but little through the day. During this time, the pain in the side continued, though for a night or for three or four hours through the day he would be free from pain. The pulse became soft and weak, though not remarkably so; respiration free from distress, no tightness. Took some light nourishment several times daily.

From Nov. 5th to 12th symptoms the same, weakness increased, could not sit up; the expectoration increased, amounting from half a pint to a pint in twenty-four hours. Color of sputa dark green, inclining to yellow. Smell exceedingly disagreeable. Pain in left side continued. Sound over the thorax good, with the exception of dulness at the lower left back; no crepitous rale, but extensive mucous rattle. From the 12th to



the 15th coughed but little, very little expectoration, and that of a light frothy mucus without smell. Pain in left side still continued, but in less degree. Seemed less exhausted, and the afternoon of the 14th sat up and shaved himself. Thought himself better. On the evening of the 15th, cough returned with great violence, with copious fœtid sputa. On the morning of the 16th found him very much exhausted, pulse weak and over 100. Had raised during the night 10 or 12 ounces of same dark-green offensive matter. Respiration very easy. But little pain in left side, with increased dulness of sound. Everywhere else good resonance. Slight crepitous rale was heard during the day over the left scapula, but everywhere else a mucous rattle.

17th. Morning.—Still raises freely; smell same; very weak; pulse 120. During the day, for the first time through his present illness, the respiration became oppressed and wheezing, as in his former asthmatic attacks. Had till this time been able to lie in the horizontal position; now had to be raised and supported upright by pillows.

Morning of 18th.—Supported in bed in the sitting posture. Stench in room very disagreeable, as it had been for some days; patient drenched with perspiration; respiration gasping; countenance deathly pale; evidently sinking; expectoration loose and still copious; pulse weak and very quick. A little past 12 o'clock raised for the first time three or four ounces of bloody matter. This bloody discharge did not continue more than five minutes. It almost literally run from his mouth. After this he failed rapidly. Gasping for breath and retaining his consciousness to the last, he expired at 2 o'clock. P. M. During the last hour he neither coughed or raised, although he spoke distinctly but a few minutes before he died. Half an hour before death, applied my ear to chest; could hear a very distinct bubbling sound over the back generally, with a gurgling under left scapula.

During his last illness, blisters, poultices and fomentations were used upon the left side; and internally, expectorants, opiates, wine, &c., with as much nourishment as the stomach would receive.

*Autopsy, twenty-one Hours after Death.*—Chest so full and arched anteriorly as to be almost cylindrical; on the right side no adhesion of lung; not more than one or two oz. of serum in the right cavity. On the left side lower half of lung adhered slightly anteriorly and latterly. Posteriorly free. In left thorax, ten or twelve ounces of straw-colored serum without smell. At the upper part of left lung the adhesion was so firm as to require some force to detach it, and in separating it under the upper part of the scapula, my fingers broke through into the lung, and upon withdrawing them, I found them smeared over with a dark-red substance of the consistence of pus, and having the same fœtor as the matter expectorated during life. So great was the stench that a gentleman present retreated to a window. Sufficient issued from the torn lung to give to the serum in the left cavity a dark turbid appearance. I removed both lungs. They were large, corresponding to the size of the chest. The rupture was an inch and a half or two inches long, near the top of the lung and in the direction of the spine of the scapula. I laid open the sinuses

connected with the heart, and after I had done so, a non-medical gentleman said "the top of that lung is rotten." The diseased cavity was of very irregular shape, extending in its greatest direction three inches, was most of it near the surface of lung, not generally penetrating to a depth of more than one inch. Its irregular jagged surface was smeared over with the same material that escaped from the rupture. Within one inch of this cavity the lung seemed sound, and excepting, I should say, one third of the upper lobe, which was disorganized, all the remaining part of the left lung, together with the whole right, was healthy, containing no tubercles, nor having any inflammatory hardness at any point; neither were the lungs emphysematous, certainly not on their external surface, which I expected to find from the history of the case.

This was undoubtedly a case of gangrene of the lung, which is considered a rare disease: Laennec mentions but few cases that he saw himself, and Forbes, his translator, says, "he never met with a case in practice, and never witnessed the lesion in the dead body."

What was the cause of the gangrene in this case? Considering the athletic form of the patient, his large chest, that he belonged to a healthy family free from pulmonary disease, his very regular and temperate habits, it is, I suppose, reasonable to believe that the organic lesion in the left lung had its origin in the dyspnoea under which he so long and so severely suffered.

*Boston, November, 1845.*

#### PATHOLOGY AND TREATMENT OF EPIDEMIC DYSENTERY.

By O. Bailey, M.D., of Lancaster Co., Penn.

THE ordinarily fatal character of this disease throughout this section of country, under the common course of treatment, and the frequency with which it is preceded by, alternated with, or followed by acute rheumatism, has induced the writer to adopt some peculiar views with regard to it. From these he has been led to apply a corresponding treatment, which having been to a great degree successful with himself and his professional friends around, determines him to offer it to the consideration of the profession, and the test of a more extensive experience.

Many circumstances appear as evidence that epidemic dysentery, like acute rheumatism, is the result of spinal irritation, the termination of which in inflammation being the cause of its fatality. To this spinal irritation in dysentery, is added a peculiar dry harsh condition of the skin, which probably determines the abdominal character of the affection, and adds to the rapid development of the irritation. Under such conditions, the antiphlogistic and revulsive agency of cupping over the spine, and the action of some diaphoretic, would be the appropriate means to be used in the treatment. The following notes exhibit some comparative results—comparing this with the methods commonly pursued in the treatment.

Of 42 cases treated in the ordinary manner (by calomel, opium and

ipecac.), occurring in the vicinity of Andrew's Bridge, during the summer and autumn of 1842-3, 18 died and 21 recovered.

|                    |                 |               |
|--------------------|-----------------|---------------|
| Say 23 adults,     | 8 of whom died, | 15 recovered. |
| 19 under 10 years, | 10 " "          | 9 "           |
| <hr/> 42           | <hr/> 18        | <hr/> 24      |

Average time in those dying, 8½ days.

" " recovering, 13 days.

In 1844, between July 23 and August 10, there first occurred 5 cases, which were treated in a similar manner; 3 were under, and 2 over, 10 years of age; 4 died and 1 recovered. Average time in those dying, 6½ days; the single recovery taking place in 7 days. Remarkable emaciation, with rigidity and contraction of the abdomen, in those who died.

The 6th case occurring under the writer's notice during this year, was the father of three of those who died. The same symptoms were observed, and similar treatment pursued for three days without any apparent advantage, the patient being more debilitated, with a contracted and rigid abdomen. The injections of warm water which had been recommended were abandoned, in consequence of the irritability of the rectum.

On the fourth day, at 11 o'clock, 6 cups (that being as many as could be borne), were applied near the spine, and an infusion of thoroughwort (*Eupatorium perfoliatum*) was directed to be given freely.

At 7 o'clock, P. M., the patient had been up only three times since the cupping, and the discharges were now more like those of ordinary diarrhoea. Complained of soreness over the abdomen. The cups were re-applied over the same scarifications, the blood flowing more freely than at first, and the infusion to be continued, adding warm water injections, which can now be borne.

Fifth day, at 10 o'clock. Had been up but once since last visit, and complained only of soreness over the abdomen, with pain and slight tumefaction of the left wrist. Applied three cups over the origin of the brachial nerves. This relieved the wrist, and the soreness of the abdomen passed off after a short time.

CASE VII.—Aug. 17th.—Mr. C., a friend and pupil of the writer, who had accompanied him in his visits to the above-mentioned patients, was taken in the morning with symptoms of the disease. These increased towards evening, the pain and tenesmus being severe, and the calls to stool frequent. At this time he was seized with a chill, followed by uneasiness in the back and limbs.

Determined in this case to abandon entirely the use of opium and purgatives, as these appeared to have otherwise than a beneficial effect.

Jugs of warm water were applied to the feet, and the infusion of the eupatorium given as warm as it could be taken. In a few minutes all chilliness had disappeared and a free perspiration established. The administration of fifteen grains of ipecac. now produced free emesis, and a slight remission of the distressing symptoms. At 12 o'clock at night,



the patient was much worse than in the evening, the tenesmus and calls to stool having increased, and being accompanied by considerable fever.

Venesection to f 3 xij.

In the morning of the second day, there being no abatement of symptoms, 6 or 7 cups were applied over the spine, extending from the inferior cervical vertebra to the sacrum, and taking 5 or 6 ounces of blood. The infusion was again resumed. Subsequent to this there was but one dysenteric discharge. In five or six hours after the cupping an enemata of tepid water was administered. This produced a free evacuation of the bowels, after which all traces of dysentery had disappeared.

[To the above cases, which are published in the Philadelphia Medical Examiner, Dr. Bailey has added quite a number of similar ones, tending to show an identity in the cause of this disease and that of rheumatism. We have not room for more of them.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1845.

*Ovariotomy.*—George Southam, Esq., Surgeon of the Salford Royal Hospital and Dispensary, Manchester, England, has published a detailed account of the removal, by himself, of an encysted tumor of the left uterine appendages. The account is contained in a pamphlet, a copy of which came last week to the address of the Journal. The case was read at a late anniversary meeting of the Provincial Medical and Surgical Association at Sheffield. This is the second operation of the kind performed by Mr. Southam. The patient, a lady of 38, who had been married twenty years, but without children, eight years ago discovered an enlargement of the abdomen, but which produced no derangement of health. Without minutely describing all the varying circumstances from day to day, it is only necessary to state that a tumor finally appeared, seriously interfering with respiration. In process of time, an operation seemed the last and only hope of the patient, who submitted. An incision was made midway between the umbilicus and pubes—opening the peritoneal cavity sufficiently to admit the finger. A cyst was brought into view, which, on being punctured with a trochar, was followed by a discharge of between sixteen and eighteen pints of clear, lemon-colored fluid. By introducing the hand into the abdominal cavity, there was found no impediment to the extraction of the tumor. It was carefully drawn out, a gentle pressure being made on the abdomen. Finding it attached to the uterine extremity of the left broad ligament, by a slightly vascular pedicle, Mr. Southam tied it firmly with a ligature, and then cut the attachment and drew out the entire mass. No difficulty was experienced from the intestines protruding through the wound, as they were remarkably flaccid. The edges of the incision were brought together, and Mrs. S. made as comfortable as possible. On the 12th day after the operation she rode home, three miles. On the 49th day the ligature came

away, and the patient is now well, and in the enjoyment of perfect health. This is indeed a triumph of surgery. We tender our thanks to the bold and ingenious operator, for remembering us in distributing the memoir.

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*“Physical Education and the Preservation of Health.”*—This little manual, by John C. Warren, M.D., Professor of Anatomy and Surgery in Harvard University, embracing an experience on the part of the writer of more than forty years, will prove a useful as well as an ornamental work upon the parlor table. The subjects treated of, and which are handled in a clear and popular manner, although by no means covering the entire ground of hygiene, are such as the daily life of each one requires to be known. They consist, first, of an address upon Physical Education, originally delivered before the American Institute of Instruction, and now reprinted, with some alterations; to this follow chapters upon *Digestion, Exercise, Mode of Sleeping, The External Use of Water, Friction, Tobacco*, and the *Conclusion*.

This is not the connection in which to speak of Dr. Warren's name and reputation—the work is a popular one, designed for the people. At any rate, greater respect must be felt for the man, who could thus turn aside from the higher and more exciting field of surgery, for the purpose of diffusing information among the people at large. A better book for a present at this season of the year will not be found, and we hope the publishers, Messrs. Ticknor & Co., will reap a rich reward.

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*Professional Discontent.*—Dr. John P. Harrison, of Cincinnati, in an introductory before the medical class at the Medical College of Ohio, Nov. 4th, dwelt with much earnestness on the sources, evils and correctives of professional discontent. Parts of the discourse are admirably written. The author has an intimate knowledge of the trials through which a majority of the active members of the profession pass, before they secure the confidence or patronage of the people. His observations on the gloomy, forbidding expression of the face of some discontented physicians, are true to the life. They go plodding and grumbling all their days, to three score and ten, wretched themselves and making others so, by habitually finding fault with the present organization of society and the unequal and unjust distribution of the blessings of Providence. They abominate a calling for which they are morally unfit, and proclaim their sovereign contempt for those who are more prosperous or happier in their domestic relations than themselves. Men of this description abound, in the medical as well as in other professions; if they had the re-fashioning of the world, it would be converted into something resembling the dark workings of their own restless, unhappy minds. “By participating in the good wishes and generous approval of our fellow citizens,” says Dr. Harrison, “our own contentment will be promoted—and by devoting our lives to virtuous industry, the good wishes and generous approval of society will accompany us through all the vicissitudes of our earthly condition.”

Before leaving this well-written and pleasant address, which actually lays open the hearts of the various orders of medical practitioners, and clearly explains the way to be individually happy, while all who are within the sphere of the physician's influence are made happy too, it should

be mentioned that Dr. Harrison inculcates the important truth that matrimony is the last, greatest and crowning blessing. On such authority, the class must think well of the institution of marriage; and we honor him for explaining so freely, the great principles of human accountability in professional intercourse—and the true way of securing domestic happiness. Dr. Harrison closes this part of his address thus :—

“ In the clear heaven of her delighted eye  
An angel guard of loves and graces lie ;  
Around her knees, domestic duties meet,  
And fire-side pleasures gambol at her feet.”

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*The Monthly Miscellany and Journal of Health.*—Dr. William M. Cornell, of Boston, is about commencing a new monthly periodical, which he intends shall be vigorous, instructive and fitted to the intelligence of the times. He perceives an unoccupied niche, and steps in to occupy it, with an ardent desire to promote human health and happiness, and extend the boundaries of useful knowledge; and in the prosecution of the work we think he will show that he is no idler in the domain of science. Dr. Cornell has our kind wishes for his success; and may his magazine be as much esteemed by the great public, as he is by those who know him the most intimately.

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*Origin of Life.*—A book is advertised with this title, by H. Halleck, M.D., which is pretty much all that is known of it. The origin of life is a subject that might engage the profound attention of the highest order of intellect; but it is to be feared that Dr. Halleck's treatise may prove to be a nine-penny skeleton of a pamphlet, written with a view to excite diseased minds to more activity in producing physical deterioration. If any one acquainted with the true character of this publication, will furnish a synopsis of its contents, it would be regarded as a favor.

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*Brattleboro' Hydropathic Institution.*—An act of incorporation for this institution, say the papers, was granted at the last session of the Legislature of Vermont, giving the petitioners leave to hold property to the amount of \$50,000. A gentleman from the vicinity assures us that the Hydropathic Institution is gaining favor, is well patronized, and that more ample accommodations are demanded for those who seek advice and restoration through its aquatic influences. This is one of the last of the great medical farces which is being played for the diseased imaginations of semi-valetudinarians. How extraordinary that the true use of water has but just been discovered! Some who have not succeeded in regular practice, in homœopathy, animal magnetism, pathetism, in the use of purgative pills, temperance bitters, galvanic rings, in thermo-electrical practice, Beachism, Thomsonism, Grahamism, or any other of the known modes of mongrel practice, have become thorough converts to the water cure. What will they resort to next?

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*Puberty in the African.*—An important law question, says the New York Sun of Thursday last, came before the Court of Common Pleas of Franklin County, Ohio, in the case of Joseph Williams, a colored boy



under 14 years of age, charged with an attempt to outrage the person of Althea S. McDougal, a child of 5 years of age. The charge was proven. It was contended for the defence that prisoner, or a boy under 14 years of age, could not be punished for this offence, according to the English decisions. The prosecution held that these were inapplicable to the present case, and medical testimony was given to prove that persons of African descent arrive at the age of puberty earlier than Europeans. This decided the question, and the jury returned a verdict of guilty. He was sentenced to the Penitentiary for three years. His counsel intend to carry the case to the Supreme Court, says the same paper. It would be a matter of peculiar gratification here, to know the source of the medical testimony which so essentially influenced the court. If the discovery has actually been made that individuals of African descent sooner arrive at puberty than the descendants of other races of men, it is altogether a new fact in physiology—and the law of development was first promulgated, we believe, in the precincts of the Ohio tribunal. A physician is expected to state what he knows to be fact, and, if a court insists, he is justified also in advancing an opinion; but to stand up before a jury and positively declare that the descendants of Africans arrive at puberty earlier than the Caucasians or Mongolians, is assuming high ground, and what we think is not susceptible of proof.

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*Lithontriptic Action of the Uva Ursi.* By DR. FENOLIO.—An old calculous patient had fever, and experienced severe pain in the bladder. He would not consent to be sounded. Dr. F. prescribed a decoction of the uva ursi, prepared thus: R. Uva ursi, 3ss.; water, 3ix. Boil for fifteen minutes; strain, add syrup of gum, 3v., and take the whole in three doses. After using this tea for three days, the patient passed thirteen pretty large gravels, and in five days more, ninety others. The whole formed a considerable mass. His suffering and fever disappeared.—*Jour. des Con. Southern Med. and Surg. Jour.*

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*Medical Miscellany.*—Dr. D. D. Owen is lecturing on Geology at Cincinnati.—Dr. Sherwood's theory of the magnetic poles promises a mild winter, notwithstanding the prophetic warnings to the contrary from other sources.—A colt, three years old, with *five legs*, is on sale at New York.—A woman is living 15 miles from Mobile, who weighs 460 pounds—which is 40 more than the weight of the Hon. Dixon Lewis, member of Congress, who is considered the heaviest man in America.—The cholera is less violent in some parts of India. At Pashawur and Cabul, however, it is grievously destructive.

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TO CORRESPONDENTS.—Dr. Chandler's Case of Laceration of the Liver during Parturition, and a case of Death from excessive use of Ardent Spirits, have been received.

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DIED,—At Leyden, Mass., Dr. Willard A. Wilkins, 39, of erysipelas.

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Number of deaths in Boston, for the week ending Dec. 6, 44.—Males 17, 4 males 27. Stillborn, 4. Of consumption, 13—apoplexy, 4—croup, 1—teething, 3—disease of the heart, 2—scarlet fever, 5—cancer, 2—lung fever, 2—throat distemper, 1—dropsy on the brain, 2—typhus fever, 2—infantile, 3—dropsy, 1—old age, 1—disease of the bowels, 1—scrofula, 1.

Under 5 years, 17—between 5 and 20 years, 1—between 20 and 60 years, 19—over 60 years, 7.

*Improved Life Preserver.*—We have lately examined a newly-invented life preserver, called the *Nautilus*, which appears to us so much superior to any hitherto proposed, and so perfect, that we cannot refrain from commending it to our readers, and, through them, to their friends and the western public generally, who from the vast extent and multiplied dangers of our navigable rivers, are deeply interested. It consists of a gum elastic tube several inches in diameter, and long enough, when stretched out, to surround the chest of a man, while, by pressing its ends towards each other, with its aperture open, it is so reduced in length, its diameter remaining the same, that it may be carried in the coat pocket. Within it there are two coiled wires, similar to that within the cushion of a sofa, which, by drawing the ends from each other, have their coils separated, so as to give the length just mentioned, while the diameter of the tube remains nearly unaltered. Of course atmospheric air flows in through the hole at one end, to which there is a plug or stopper, not to keep the air in but the water out; for as long as that is done, and the tube is kept stretched round the body, it necessarily retains its air, and consequently its buoyancy. Should it be punctured, unless the holes be large enough to let water pass in, no harm will be done, for the wires will keep the sides from collapsing. In fact, nothing could be more simple and beautiful than the principle on which it acts; and no one can examine it without feeling confidence in its preserving power. We are not surprised, then, to find it strongly recommended by the American Shipwreck Society, and the American Institute. We hope to see it generally adopted on the lakes and rivers of the interior.—*Western Jour. of Medicine and Surgery.*

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*To cover Pills or Extract of Copaiba with Gelatine.*—This process, invented by M. Garot, is exceedingly easy and practicable, and it is surprising that it is not employed more generally in this country, as it much more effectually disguises the taste and odor, and interferes less with the solution, of the medicine, than the method of gilding or silvering usually practised.

“It is applicable to every substance capable of a pilular consistence; such as balsam, camphor, musk, assafœtida, mercurial and ferruginous preparations, &c. Two hundred pills can be coated with gelatine in an hour, and will be ready for use after the lapse of two hours. The pilular mass so coated remains soft a much longer time than according to any other plan. We shall now proceed to describe the process.

“Fix the pills on long, fine pins; plunge them into thick, purified glue, placed in a hot-water bath; then remove them by a rotary motion, and stick the heads of the pins in paste spread out on a slab, so that the pills may remain elevated in the air; as soon as fifty are thus treated, rotate them individually in the heat of a taper, to harden the external pellicle; pull out the point of the pin, and the process is complete.—*Dublin Hospital Gazette.*

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*New Medical Books in London.*—The Modern Treatment of Syphilitic Diseases, &c. By Langston Parker, F.R.C.S.—A Glance at Hahnemann and Homœopathy. By Ernest Van Brunnow.—A Treatise on the Principal Diseases of the Arteries. By Edwards Crisp, M.R.C.S., &c.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## REMARKS ON THE TREATMENT OF TRACHEITIS, OR CROUP.

By J. A. Allen, M.D., Middlebury, Vt.

[Communicated for the Boston Medical and Surgical Journal.]

IN proportion to their number, there are probably few or no diseases, treated in the ordinary method adopted by our best practitioners and advised by our most modern and approved writers, which prove more fatal than the true tracheitis or croup. By true tracheitis or croup, it may be well to premise that, on the present occasion, it is designed to embrace every case in which there exists any embarrassment of the respiration, attended with affection of the voice, and a *cough of a harsh, shrill and ringing character.*

According to the assertion of M. Double, the mortality in this disease, at the present time, amounts to nearly one half of the whole number attacked; and formerly, when its treatment was less understood, it amounted to nearly four fifths. Of 131 cases reported by Dr. Ware, of Boston, Mass., 19 died, being about 1 in six; and for eight years preceding 1840, the city of Philadelphia lost 799 children under 10 years of age, with this disease, and 21 persons over that age. The number of recoveries during this period I have not been able to ascertain, but it is evident the proportion of deaths must have been very great. Dr. Williams has very justly remarked, that "the croup is a most serious disease, and it often baffles the most active measures."

For the first fifteen years of my medical practice, I pursued, in these cases, the common antiphlogistic treatment, and I have every reason to believe with as much success as has been generally attained. I ordinarily used emetics of tartarized antimony, ipecac., the celebrated seneka or hive syrup of Dr. J. R. Coxe, the lobelia inflata, the yellow sub-sulphate of mercury, the proto-chloride of mercury, &c. Of these agents, none have proved more advantageous than the alterative emetico-cathartic, composed of calomel and ipecac. or tartar-emetic. This combination, when used at the onset of the disease, has not unfrequently arrested its progress and speedily restored to health. It is, however, very liable to fail, and so is the use of each and of every combination of these articles, even when aided by the vapor or warm bath; the Scotch snuff cerate, a mixture of lard and the snuff, recommended by the late learned and devoted Dr. Godman, and, subsequently, extolled by Drs. Vanderburgh and Pendleton of New York; vesication, &c. In short, whatever process of



medication was adopted with these agents, a very considerable number of my patients with the croup would succumb. Its frequent fatality led to a more careful consideration of the character of the complaint and of the essential requirements for its removal.

That this affection, except when it is superadded to some other disease, or occurs as an appendage to another complaint by which the system has become already reduced, is inflammatory, there exists no doubt; and that it assumes a specific character, differing essentially from common deep-seated or membranific inflammation, is equally certain. That the disease affects the mucous coat of the larynx, trachea, and sometimes extends into the bronchia, *post-mortem* examinations have demonstrated. The resulting production of an adventitious membrane, differing materially from the product of ordinary inflammatory action, or of the abdominal diphtheritic formation of M. Bretonneau, shows most clearly its specific character.

Its pathological character, therefore, appears to demand for its removal something more than what is required in simple inflammation. Alterative and deobstruent agents are demanded—agents not only to subdue inflammatory action, but to change its character.

Tracheitis has long been regarded a complaint which was subject to frequent relapses. The reason is obvious, because its cure has usually been attempted by agents which were deficient in their alterative powers. Cures accomplished by the use of articles possessing an adequate degree of alterative powers, are more permanent. These seldom relapse.

The root of the common bloodroot, *Sanguinaria Canadensis*, has long been known to possess a powerful influence over the secretory system. Its alterative and deobstruent property has been experienced in gastric affections, and in chronic diseases of the chylopoietic viscera. It is an efficient and powerful emetic, and this quality, in combination with its alterative character, the influence it exerts over the vascular system, and its peculiar influence on the mucous surface of the fauces and larynx, appear naturally to show its suitability for the removal of the several varieties of tracheitis. Waiving, however, all pathological and pharmacological considerations, experience has fully confirmed my most sanguine expectations of its value. In the early stage of the disease, the finely powdered bloodroot, administered in quantity sufficiently large to promote full vomiting, generally arrests its progress. If, however, after the emetic operation the complaint be not entirely removed, it will be well to use, in as full doses as the stomach will tolerate without being rejected, a solution of the acetate of sanguinarine, and repeated every two, three or four hours. This solution is very speedily prepared by moderately boiling two or three drachms of the powdered root in about a gill of common vinegar, which may be sweetened with sugar or honey to render it more palatable. If the vinegar be very acid, it may be diluted with water to render it more agreeable, without essentially impairing its property. In the intermediate time, if there remain any febrile action or inflammation of the larynx or trachea, an alterative diaphoretic powder ought to be used. This should be composed of bloodroot, calomel, and

either James's powder, or emetic tartar and opium. And, if there be considerable antonic action, the calomel should be used in sufficient quantity to induce alvine evacuations in the course of twelve, or, at the farthest, twenty-four hours.

Caution is required lest a hyper-catharsis be produced. It is a principle founded on experience, and it is as old as Hippocrates, *that diseases of the respiratory organs do not bear well powerful cathartics*. And, indeed, one of the greatest evils attendant on the ordinary treatment of the croup, is the liability of the required and frequently repeated antimonial emetics to run off by the bowels and produce fatal prostration. More than one instance of this kind has fallen under my own observation. By the bloodroot treatment, this inconvenience is avoided. I have never known it occur, and I have relied on this treatment for the last fifteen years, and during this period I have not lost a patient with this complaint. The number of cases subjected to this treatment I cannot at this moment determine, but at least forty cases have during this time fallen under my care.

The successful medication of tracheitis when the sanguinaria is used as the principal agent, requires adaptation. In the catarrhal variety it is probable this vegetable emetic will in most instances be sufficient alone, and yet the union of a suitable proportion of tartar emetic will more surely remove the complaint; in the spasmodic kind, the addition of an opiate will be demanded; and in the membranous croup, the combination of calomel and the puccoon afford more surety of a favorable result.

The tepid bath will be found a valuable adjuvant in each of the varieties, and in the first, second and even third stages of this affection. Also the narcotic cerate already mentioned.

The use of sanguinaria in tracheitis is not presented to the medical public as novel or unprecedented. Dr. Tully has informed us, in his prize essay on Sanguinaria, published in the American Medical Recorder for January, 1828, that it was successfully used in the croup by Dr. Jehiel Hoadley, of Middletown, Conn., as early as in 1775; that it was subsequently used by Jared Potter, M.D., one of the first physicians in his day in that part of the country; and in 1817, Dr. Ives, of New Haven, stated that the bloodroot given in large doses, sufficient to produce full vomiting, often removes the croup, if administered in the first stages. "It has been given," he remarks, "for many years in the country, some physicians relying wholly on this remedy for the cure of croup." (Vide Bigelow's Medical Botany.)

Dr. Tully, in the essay mentioned, remarks, "the croup has lost most of its peculiar terrors, and may be as often cured as any one of the severer phlogotica." "In the earliest stages of bronchlemmatitis membranacea v. tracheitis," he says, "free vomiting with the sanguinaria may be considered as very nearly a *specific*, at least for all ordinary cases."

It is a subject of regret and of not a little surprise, that notwithstanding the utility of the sanguinaria in the treatment of croup has been before the profession for such a length of time, it has not been introduced among other medical agents into our standard works. In Tweedie's Library of Practical Medicine, with notes and additions by W. W. Gerhard, M.D.;

in the foreign *Cyclopedia of Practical Medicine*, edited by Robley Dunglison, M.D.; and in the most excellent *Dictionary of Practical Medicine* by I. Copland, edited by the indefatigable C. A. Lee, M.D., no mention is made of the use of sanguinaria in croup. This fact is the more remarkable, since among the American editors may be reckoned some of the best bibliographical physicians of the present age.

It has been observed by Dr. Tully, "that the quantity of the medicine which is necessary to produce sufficient vomiting in this form of the disease" (the membranific form), "is greater than will be found necessary in almost any other complaint. When the symptoms are immediately urgent, and when there is great insusceptibility to the impression of ordinary medicines, it will often be found necessary to use the per-sulphate of mercury in conjunction with the sanguinaria, or, if this is not at hand, the per-sulphate of copper, or even the sulphate of zinc."

It should be borne in mind that in all cases of any considerable severity, full vomiting with the sanguinaria at the commencement of the disease is of vast importance; and this process should be repeated as often as the symptoms may require, and in the intervals the free employment of the article, as it has already been mentioned, should be pursued.

But by advocating the pursuance of the plan of treatment I have alluded to in this paper, it is not designed to present the sanguinaria as an unfailing specific in all cases. This is more than should be expected from the use of any remedial agent. Even the quinine or the bark, which has so long sustained the character of a specific in intermittent fever, sometimes fails. All that can reasonably be anticipated from the judicious and appropriate use of any medicinal article, is that it shall generally prove successful. With this reservation, no fears are entertained but what the proper use of the sanguinaria, in each of the varieties of tracheitis, will satisfy all reasonable expectation.

#### HOMŒOPATHY—REPLY TO "A LOOKER ON."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Journal of November 12th, I am taken in hand for my review of W.'s Letter on Homœopathy, and a brief reply is demanded. I am charged by "A Looker On" with a "severe criticism." If by that is meant any harsh language or unfairness, I certainly beg pardon; but I am sure your readers will not so judge. There is sometimes no criticism so severe as the *truth*—which I think will prove to be the real difficulty in the present case. He says, "he was a good deal pleased with" W.'s letter; and so was I, from the fact that W. acknowledged many of the excellencies of homœopathy, while in what he objected I have shown him in error, as I shall endeavor to do again more plainly. "A Looker On" to the contrary notwithstanding. If he judges that W.'s letter is an "exposition of the whole concern," we must judge that he is not the most deeply read in homœopathic literature, though he may be in the "daily newspapers and other ephemerals with



which the press is teeming." His main drift is upon my objection to W.'s statement of three of the fundamental principles of homœopathy—which I claimed were erroneously stated—and endeavors to show that on these three points, after all, W. is right, and of course I am wrong. My answer to the other points is presumed to be satisfactory, or probably it would not be passed over silently.

Let us examine, then, more critically, the three points where we are at issue. The first is the identity of the psora of Hahnemann with *the itch*. I claimed that the homœopathic school did not believe them identical strictly. I say so now. That chronic diseases depend upon a peculiar general condition of the system, has been ever held by the homœopathic school more so than by the opposite, this morbid miasm (psora or whatever it may be) showing itself under a variety of forms and names too numerous to mention. This notion, so ridiculous, has, since the appearance of Lugol's writings, been strongly confirmed, if there is any confidence to be placed in them—for he, if anything, carries this idea farther than Hahnemann. Whoever will read these two authors, side by side, will find there is a general correspondence in their views, though using different terms. Lugol makes everything depend on a peculiar morbid state or diathesis (scrofulous), as much as Hahnemann (psoric); and it would be as reasonable to conclude, that white swelling, rachitis, ophthalmia, phthisis, amenorrhœa, hydrocephalus, and many other diseases which arise from this, are *king's evil*, as that all the affections arising from the psora of Hahnemann, are *the itch*. Hahnemann, speaking of psora, says, "It is an internal disease—a sort of internal itch, and may exist either with or without an eruption on the skin." "Such diseases as are most of the eruptions distinguished with so much care and separately denominated by Willan." Also, "Sarcomatous tumors, ramollissement of the bones, curvature of the spine," &c. &c. The tenure of his psoric doctrine as a whole is, that this is a morbid principle or miasm, pervading the constitution and developing itself in different individuals, according to circumstances, with a great variety of names, &c. But many do not even go as far as Hahnemann on this point—and that there will ever be a shade of difference of opinion upon so intangible a subject as the essence of disease, is very probable. Still this is of little practical importance.

The second and more important point at issue is, the indication of cure. Let us see who is right here. W. says, "that all diseases were cured by medicines capable of producing the *same disease* in the healthy body." I objected. "A Looker On" quotes Hahnemann to prove that W. was correct, as follows, "The curative power of medicine is founded on the property they possess of giving rise to *symptoms similar* to those of the disease," &c. So that W. contends for the *identical* disease, but Hahnemann for a train of symptoms *similar* to those manifested in the disease. I agree perfectly with Hahnemann on this point, so does every homœopathist, and deny that there is identity. If "A Looker On" cannot see a difference between the doctrine of W. and that of Hahnemann which he brings forward to sustain it, we advise him to look a little closer! I had supposed this old humbug which has been shown up time

and again, about the *same* disease and the *same* medicine—and that if a patient is poisoned with arsenic we must give arsenic to cure, &c., could not find any man stupid enough to advocate it at this time. I hold to similarity, but not to identity, and here W. was in error; then “A Looker On” has confirmed it by taking my own ground—which if he is not satisfied with he may see in another place.\* His long quotation from Hahnemann is of little service to him.

The third point at issue, is not that small or infinitesimal doses will cure, for all homœopaths believe this, and not only believe it but *know* it, when appropriately administered. But the issue is on the point of W., “that a millionth part of a grain of any ordinary medicine, divided and sub-divided by some hocus pocus agitation, would produce a greater effect on the *constitution* than a *full dose* of the same.” This I denied, and gave my views as I supposed so that they might be understood. Who believes, I would ask, that a millionth of a grain of opium will effect the *constitution* as much as one grain? No one. The effect on the constitution is not all that is wanted, but a change of morbid action; and this is generally done in homœopathic practice without any sensible effect upon the constitution. So is it often in allopathic. But small doses are *necessary* sometimes when the practice is strictly homœopathic. Mercury so netimes, especially in some forms of bilious affections and bowel complaints, will salivate speedily or produce other distressing pathogenetic effects, which we should avoid if we gave homœopathic doses, and cure the disease as speedily. It is homœopathic in these cases. So in others. That a medicine will be more effectual by dilution and triturating freely than before this is done, grain for grain, any one may satisfy himself. This is held to, and often we get the effect of a medicine when so prepared, which is not obtained in any other form. But it is not absolute power which is wanted—it is power only sufficient to meet the morbid action. Very much depends upon how power is applied in order to obtain effect. “A Looker On” will observe, if he reads his quotation from Hahnemann carefully, that the power of the preparation which is in the vial is developed by this process, and that only its curative power; not that the higher preparations are more active than the lower, unless the nature of disease is such as to render them better adapted to it. If he calls Hahnemann’s manner hocus pocus, very well. He was accustomed to describe things as he did them, when he found they answered well. If he fancied shaking a vial *downwards* the best mode of preparation, or triturating *one hour*, or giving ten shakes instead of eleven, we have no objection. Every one for his notion on non-essential points; we care not whether a medicine is rubbed *one hour* or fifty-nine minutes, provided it is well prepared; or whether a vial is shaken ten or eleven times, downward or upward. It is the chaff that makes the show in quoting from Hahnemann. That he has said many things that are non-essential, all admit; also some things rather obscure; and as our friend seems to be rather unfortunate in understanding him, perhaps he had better examine some more recent works on the subject. Say “Principles

\* Views of Homœopathy. Published by J. H. Benham, New Haven.

of Homœopathy," by Professor Henderson, of the University of Edinburgh, who has recently adopted the practice.

One word in regard to his concluding paragraph. He says, "was there any deficiency of proof, the reviewer himself has supplied it, and by example sanctioned the alleged precepts of homœopathy which he had just disavowed." What precepts of homœopathy had I disavowed which are sanctioned in the cases here referred to? Is it the doctrine of *similia similibus*, or of small doses curing disease? I certainly hold to both, and if W. had stated these as fundamental principles, we should not have been at issue. It is his misconstruction of them that has made the issue, his taking identity for similarity, and making a "millionth of a grain more powerful on the *constitution* than a *full dose*"! Now it is in misconstruing some of the fundamental points of the doctrine, which lead our brethren into these dilemmas, and this is the reason why the idea is held forth to the public, that "the half is greater than the whole," and "the millionth of a grain is more powerful upon the *constitution* than a full dose," and more of that kind of nonsense. We might charitably attribute this to either a mistake or indifference to the subject, as I did with W., who says "he is an old man and has read little on the subject." But our reviewer *claims* to be more wise, as do most who write against homœopathy. They understand the whole subject, claim that there is nothing valuable in it but has always been known—that just giving small doses, if you happen to get a medicine that looks like the disease, and if not, just as well, is all of Homœopathy—that it is the simplest matter in the world—that its practitioners are some of them "very clever fellows it is true," but are visionary and deceived, and are only fully carrying out the doctrine of Hudibras, that

"The pleasure is as great  
In being cheated as to cheat."

We are as ignorant of who our reviewer is, as of W., since they choose to stand behind the curtain; but one thing we know, he is emphatically what he signs himself, "*A Looker On*"—nothing more, certainly.

Lowell, Ms., Dec., 1845.

Yours, &c.,

D. HOLT, M.D.

#### DEATH FROM THE EXCESSIVE USE OF ARDENT SPIRITS—THE PATIENT HAVING SOME PECULIARITIES OF FORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case, which occurred a short time since in the Mass. Gen. Hospital, under the practice of Dr. John C. Warren, is instructive as showing the fatal consequences of indulgence in the use of ardent spirits, and is curious from some of the physical phenomena which existed in the patient.

On October 25th, 1845, a man was admitted into the Massachusetts General Hospital for an injury, stated to have been produced by the kick of a horse the night before. Dr. Dale, who was present at the time of the examination of this person, said, that he had been called to him in the morning after the accident, and found him walking, or attempting to



walk, about. He learnt from the family, in which this man lived, that he was a noted drunkard, that he was in the habit of drinking about two quarts of rum daily, and that the night before, after having finished his usual potation, he crept into the stall of a horse to pass the night. The horse, disliking such a companion, either kicked, or trod upon, his right thigh, and severely injured him.

On examination of the patient, the right thigh was found very much discolored and enlarged. The knee being more discolored than any other part, was first examined. In moving the patella a crepitus was perceived, which did not appear to arise from the patella itself, but from the surface on which it was rubbed. Above the knee was a fracture of the os femoris.

The patient, on being questioned, did not give any very distinct account of the manner in which the accident happened. He admitted that he was drunk at the time, and stated that he was in the habit of drinking sometimes two, sometimes three, and sometimes four quarts of rum in a day, but the report could not be relied on. Being at this time quiet, his limb was placed in a fracture box, and carefully secured.

On the following day he was found to be in a state of violent delirium. He pulled off his splints, got out of bed, and walked, or dragged himself to the fire-place. His violence was excessive; his limbs were in constant motion, particularly that which had been injured. His cries, accompanied with oaths, imprecations, and fits of laughter, were incessant night and day.

The injury he had inflicted on the limb, taken in connection with his previous habits, made it at once appear almost certain that he must succumb, either from general exhaustion, or gangrene of the limb. A straight jacket was immediately applied to him, the head was shaved and covered with cold applications; every measure was taken to confine and secure the injured limb. Cordials were administered internally. He was directed one hundred drops of laudanum immediately, and if not relieved in an hour fifty more.

October 27th.—The delirium continued as yesterday. Finding him not relieved, he was directed to take an hundred drops of laudanum, and repeat it every hour, till some mitigation of the symptoms appeared. The cordials were continued.

After taking two doses he became tranquil, answered the questions proposed to him without being perfectly rational, and on the following morning I found him quite comfortable, with a warm perspiration, and a disposition to take the drinks offered him. These favorable appearances continued through the day, but in the night he failed very suddenly, and died in a quiet way.

In the morning an examination was made of the body.

The external appearance of the patient was that of an individual about 20 years old, but his real age was 42. He had no beard. The external organs of reproduction were small and delicate; the testes were at first supposed not to be in the scrotum, but on a careful examination something about the size of a small bean was found in the upper part of the scrotum on each side.

An incision being made into the injured knee, part of the external condyle was found to be broken off. The os femoris, three inches above the condyles, was broken into three pieces; and the limb was filled with extravasated blood. The scrotum being next examined, was found to contain diminutive testes, about one third of an inch long. Next the mammae were dissected, and a regular mammary gland was found of the same structure with that of the female, and about two inches in diameter. The gland, of course, was more prominent, and more like that of the female than it usually is. The great cavities were next examined.

The cavity of the cranium being opened, the dura mater was seen to be without inflammation; the arachnoid coat was covered with serous exhalation, and was opaque through the greater part of its extent; the pia mater exhibited a congestion of blood in the veins at the occipital part of the cerebral surface. The whole brain was small and very firm. The upper part of the hemispheres was readily separated from the corpus callosum, so as to exhibit the whole of its connections with the cerebral lobes. By its prominence it was perceived to be filled with water, which was freely discharged on puncturing it; more than four ounces of serum existed in the ventricles and at the base of the brain. The cerebellum bore its due proportion to the cerebrum. The medulla oblongata was smaller than usual, and the medulla spinalis very firm without marks of inflammation.

*Cavity of the Thorax.*—The heart presented nothing remarkable. The lungs were generally adherent to the parietes of the cavity from former inflammations.

*Cavity of the Abdomen.*—The liver was of great size, of a pale color, indurated and granulated throughout; the gall-bladder contained watery bile. The stomach was very small, with its mucous coat corrugated into distinct eminences, which were hard, and of a livid red color. The intestines small and large were pale, and contained a quantity of air. The spleen was small. The kidneys were enlarged, hard, and granulated. The bladder was contracted to the size of a hen's egg. The prostate gland was so small, as not to be readily distinguished from the surrounding textures. The spermatic vessels and nerves presented nothing unusual. Some of the arteries, particularly the iliac and femoral, were partially ossified.

**REMARKS.**—First, the quantity of rum said to be consumed by this individual was no doubt exaggerated. He probably did not take daily a sufficient quantity to intoxicate him, for he is said to have done his daily work, and sometimes this exceeded what was done by the other hostlers, and further, that he only got dead drunk on Saturday night. His habits had frequently reduced him to a very low state; he had been in the Hospital once or twice before, but it would seem that his physical organization was in most respects as perfect as that of other men. His death was produced by excessive excitement of the brain, and the consequent effusion of serous fluid into the cerebral cavities. The cerebral irritation was of course produced by the use of ardent spirits.

Second, the want of some of the characteristics of the male sex, and

the existence of some peculiar to the female, makes this case remarkable. The want of beard, and of the development of the organs of reproduction, constituted the first of these phenomena; the size of the mammary gland, the roundness of the hips, the whiteness and smoothness of the skin, the other. This man was married, and was said to have two children, but he separated from his wife at an early period, whether in consequence of his uncontrollable drunkenness, or any other cause, could not be satisfactorily ascertained.

*Boston, December, 1845.*

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#### LACERATION OF THE LIVER DURING PARTURITION.

[Communicated for the Boston Medical and Surgical Journal.]

THIS case is given principally from recollection. I should premise that the patient, Mrs. B., probably from 25 to 28 years of age, some seven or eight years previous to her death, which occurred in June, 1834, was under my care for a period of about one year, laboring under disease which I supposed involved the digestive organs; particularly the *liver*. The latter organ, I supposed, was the seat of chronic inflammation, and, I thought, the principal seat of disease. The case was protracted and severe, and for a long time her recovery doubtful. She did, however, ultimately recover, apparently, a comfortable state of health. This declaration should be qualified, however, by the admission that though tolerably comfortable, there was so much remaining debility, and a delicacy of complexion, approaching to a chalky whiteness, that it did not at any time amount to firm health. Nevertheless, she was not, in my estimation, a suitable subject for medication, and consequently the case was left to its own unaided and uninfluenced development. In the mean time she had borne some two or three children, without anything occurring sufficiently important to be noticed. During the six months previous to her death I had seldom, if ever, seen her, but had learnt that she was *enceinte*, and that she was considered to be doing remarkably well. Tuesday evening, 9 o'clock, 10th June, I was notified that my services might be required during the night—and at 10, was called in haste, and informed that there was much flooding. After an examination that satisfied me that the flooding was not alarming, I gave twenty-five drops of laudanum, and in twenty or thirty minutes the flooding ceased. It should be borne in mind that she wanted, according to her own estimate, six or seven weeks of her full time, and had been, up to this time, unusually *well*, and the labor was now progressing, apparently, very favorably. The only circumstance I recollect to have learnt at the time, that could possibly lead to a suspicion of anything wrong, was, that she had complained of a *severe* and *unusual* pain, as she expressed it, *at the stomach*. This was, if I understood her aright, at the accession of labor. I should not forget to say that I found her very feeble, and that I was unable to account for it. The flooding had been less than, on former and less favorable occasions, she had borne without inconvenience. About



four hours from the time I was called, when I was expecting every moment to receive the child, the pains suddenly ceased, a profuse diarrhœa supervened, and in ten minutes after, to my utter consternation, she was a corpse. I confess, at the time, I could assign no reason—could think of no adequate cause for the event. I entertained very little expectation that an examination of the body would reveal the mystery—so little, that, twelve hours afterwards, I made the examination with great reluctance.

The cavity of the abdomen having been laid open, a large quantity of coagulated blood was observed, and, on looking for its source, the liver was found to be *rent*, almost literally, in twain. The condition of the liver was unlike any I had ever seen. It absolutely *melted away*, when pressed between the thumb and finger—and indeed, its whole substance was as destitute of firmness or tenacity, as the tenderest mushroom. Probably, former inflammation had resulted in adhesion of the liver to the right side, and soon after the commencement of labor, this adhesion, from efforts consequent on labor, was torn asunder, and hemorrhage was the result. This was the more profuse from the fact, that it was not merely a separation of the adhesion, but a laceration of the liver itself—extending deeply into its substance, and, no doubt, dividing its largest bloodvessels. *Possibly*, some unusual effort in walking, or otherwise, might *first* have produced the laceration, and *premature* labor might have been the consequence.

I afterwards examined the uterus, and found the stage of labor and the position of the child such as I had supposed and represented.

St. Albans, Vt., Dec. 2d, 1845.

J. L. CHANDLER.

#### VACCINATION IN THE KINGDOM OF SIAM.

Bangkok, March 4th, 1845.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I wrote you a few days since a long communication on the subject of vaccination, showing my difficulties and successes in the work. In that communication I gave it as my opinion, that the difficulty of propagating kine pox in this country during our wet seasons, is in some way more connected with changes in the electrical influences, than in the moisture of the air. Since I wrote that article, this opinion has been strongly corroborated. Much of the time during the last ten days our sky has been somewhat cloudy, with some slight thunder, and considerable silent playing of lightning among the clouds. On one night we had a small shower of rain, but not enough to produce any very perceptible moisture in the earth or atmosphere the succeeding day. But my work of vaccination felt some influence at the time very severely. Out of about 100 persons in whom the vaccine virus had been inserted two or three days before, only about 50 proved successful. For several weeks immediately preceding this, I had had but very few failures, probably not

more than 1 in 15 or 20 cases. To my mind it was certain that it was not moisture that prevented my success that week; but probably some, as yet, undefinable power in the electrical influences. The same state of the atmosphere still exists; and I calculate that I shall have many failures this week. We have annually some rain at, or not far distant from, the vernal equinox, usually attended with strongly-marked electrical phenomena. I think it quite probable that I shall experience much difficulty in keeping vaccination alive during this strait. But when having passed it on to the first of April, there will then be little difficulty, I apprehend, until some time in May or the beginning of June. I write thus minutely because you have requested me to do so, and because I hope it may tend to throw light on the important question—what is the best mode of propagating the kinexox in the tropics. Yours very truly,

D. B. BRADLEY.

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*Bangkok, May 10th, 1845.*

DEAR SIR,—I know you will be glad to hear from me often touching my work of vaccination, for you have many times and in many ways taken a deep interest in it during the many years in which I have labored to introduce and propagate the blessing among this people. In my last I spoke of being in a narrow strait about the vernal equinox, and you will be anxious to hear how I got through it. I have the sad tale to relate, that the noble work was all shipwrecked and entirely lost on the 25th of March. Out of 32 operated upon for the kinexox the week before, there were only 6 children who took it. It so happened that all these successful cases belonged to, or were in some way connected with, the King's family, so that it was exceedingly difficult to procure matter from their arms with which to vaccinate others. With much effort my assistant persuaded one of the children to allow six other children to be vaccinated from him at the gate of the royal palace on the 25th of March. I could not rest easy at all to have all my hopes of still further propagating the kinexox lodged wholly in so few individuals and so feebly protected, and therefore made great effort, the two succeeding days, to vaccinate more persons from others of the six successful cases. But nothing I could do would induce the proprietors of the virus to allow a particle of it to be taken. Indeed, the more I exerted myself, the greater the premium offered, and the more I besought the Head Royal Physician to use his influence in the palace for me, the more the children, their parents or guardians, were frightened by some bugbear, which I cannot but think the devil had a hand in getting up that he might cut off my work. Having done what I could to protect the work at this point, I could only wait for the result of the six cases in whom the virus was inserted at the King's gate. But the prospect was so weak, that I was not much disappointed, when, after six days, I found that not one of them had taken the kinexox. I had had a very great proportion of failures for about three weeks before this. On the week of the 12th of March I had only 7 successful cases out of 37. The week before that I had 15 out of 65. After all my experience I am inclined to think, that

if I could have vaccinated from several of the last six cases, and inserted the matter into some forty or fifty children living in different quarters of Bangkok, there would have been some two or three or more successful cases among them all, and I should have carried the work safely through that strait. Hence I think it should not be said that vaccination *cannot* be propagated in Siam, even in the very worst of times. If I could but devote all my time, or even the greater part of it, to the work, I should have but little fear that I could keep it a-going from year to year, though by no means as easily as it can be kept in America.

The whole number of successful cases of vaccination, from the 31st of July, 1844, to the 25th of March, 1845, noted in my book, is 1183. Probably many cases not noted will prove to be secure against the smallpox. The total number of cases operated upon during those eight months, will not vary far from 2000. The children and dependents of almost all the princes and nobles and officers of government, in Bangkok, have in the mean time been vaccinated. The smallpox is now, and has been for about four months, testing those cases reported as vaccinated successfully. I have heard of not a single case, marked as secured by vaccination, that has taken the smallpox. Indeed the confidence of the people in vaccination is being continually strengthened and enlarged by the influence of this terrible scourge. I am frequently hearing of this and that man's child being very sick or dead from the smallpox, because, it is said, they refused to have their children vaccinated. The Phraklang took occasion to say to me, a few days since, that I should certainly obtain very great merits in the future world for my agency in this great and good work of vaccination. This minister of state has had much confidence in it from the very first of my successful efforts to introduce it, in the year 1840. His brother, high in office, has held out in his unbelief until a month or two since, when he was brought entirely over to the faith, and had his children vaccinated. When I consider that my Lord and master has allowed me to perform this work for him, and aided me in plucking 1183 of my own race out of the fires of the smallpox, and thus prolong the lives of many hundreds of these souls, as I fondly hope, until the spirit of God shall be poured out from on high upon this land, when they with others shall be brought into his kingdom and made stars in his crown that shall shine forever and ever, my heart is almost overwhelmed with gratitude.

I intend to make efforts soon to see if I cannot procure the vaccine pustule anew from two packages of virus from you that I have still on hand, though they are some sixteen or eighteen months old. I entreat you do not fail to send me another parcel as soon as possible, and by the shortest course.

I have just closed another year of dispensary and hospital practice. During the last twelve months I have entered on my dispensary book 1300 different cases. I have had in my little hospital about 10 patients on an average at all times. I hope to find time soon to make out a little report of this department of my missionary work. My work in Midwifery is evidently preparing the way for a great reformation in obstetrical



practice in this country. You will see, from a file of the Bangkok Recorder which I have sent you, that I am publishing monthly sundry articles on anatomy and the practice of medicine and surgery. It would seem that these articles are more eagerly read than any other in that paper, and I am informed that they are sometimes copied out for the benefit of those who do not take the paper.

I read your Journal with pleasure and much profit, and it comes to me quite regularly.

Yours, &c.

D. B. BRADLEY.

#### CASE OF FUNGUS HÆMATODES.

By G. H. Wootten, M.D., Florence, Geo.

THE extreme infrequency of such cases in the United States, induces me to prepare this brief history of one that partly came under my management. The patient, Rev. David Cox, aged about 40, of leucophlegmatic temperament, was attacked some time in the year 1840, by the disease in question. The tumor formed about midway between the trochanter major and the knee, on the external part of the thigh. In its formation it presented the usual characteristics of fungus hæmatodes, and was developed quite rapidly to the size of a cocoa nut. At this juncture Mr. Cox, acting under the advice of a gentleman of this county (Stewart) who practises medicine, submitted to an operation. The wound healed kindly, but the tumor re-appeared very soon, at the place where it was excised, and on the 1st of June, 1844, about six months subsequent to the operation, had attained to about its original size. Up to this time I am indebted to the family for the details of the case. Dr. Strawn, my co-partner, and myself, were now consulted, and requested to take control of the case. The patient was importunate for a second operation, which we discouraged, and declined performing for the following reasons: 1st, we regarded the disease as *constitutional*, and not *local*; 2nd, there were few, if any cases recorded, of success by an operation; 3rd, the previous operation not only failed, but had evidently augmented the rapidity and violence of its formation; 4th, the system gave evidence of *participation*, by the intensely inflamed, and very much enlarged condition of the inguinal glands. Had we seen the case previous to the condition of our "4th reason," we might have counselled as the only prospect of success—*amputation* of the thigh. Would it have been good practice?

The tumor in the groin (I mean the enlarged gland) continued to develop very rapidly and fearfully, and on the first of August thereafter, had acquired the dimensions of a half-bushel measure—the original one on the thigh having ceased to grow, remained the size previously indicated. The inguinal tumor now shot out fungous excreescences (till its surface was dotted all over), whose mouth resembled an inverted stocking, and over all its surface the meanderings of large veins could be distinctly traced. It now bled frequently and copiously, owing, as I presume, to the perforation of its vessels by an ulcerative action. The bleedings were controlled by *tamponing* these orifices, and by compression. The

odor it emitted was extremely offensive, rendering the sick chamber a place of absolute suffering to the attendants and visitors. I should, perhaps, remark, that in the progress of this tumor, and before its character was so well defined, we were frequently importuned by the patient to puncture it, *he* hoping and believing it to be only an abscess, contrary to our assurances. We refused to operate, but gave our consent to its being done, merely to gratify and convince him. We remarked, however, that it yielded *physical* indications of distinct *fluctuation*. He procured the services of a *botanical physician* to open it. Blood in small quantity was the only result of the *puncture*. After attaining the dimensions and character before described, *sphacelation* ensued, and the entire tumor sloughed out, leaving a cavity or basin that would have contained two or more gallons of fluid, with a sub-tegumentary hollow or channel, communicating with the original tumor on the thigh. Knowing that Sir Astley Cooper had reported one case of recovery, by the occurrence of the same process, we entertained some hopes that the sloughing would proceed and eradicate the original tumor, and thus save our patient. But contrary to our hopes it did not do so. The patient was now extremely emaciated, aspect *cadaverous*, breathing scarcely perceptible, voice entirely inaudible, with almost constant sleeping. At this stage, after putting him under prescriptions, the case, owing to incidental circumstances, passed to the control of another physician, and was not seen again by us, until the middle of November, a period of two months. When we again visited the patient, he had recovered his strength, the cavity left by the sloughing of the tumor had filled up kindly, but on the *margin* of the cicatrix, six or eight other tumors, about the size of lemons, had formed. The patient died about the 15th of December, with *rigors*.

During the progress of the disease, we frequently interrogated the various organs of the system to discover, if possible, whether they had taken on lesions. The most prominent evidences discovered were furnished by the *lungs*, the spinal column, and the rectum. These we briefly mention. The *expectoration* was profuse and resembled thick mucus, having a very unpleasant odor. No blood was discovered with it. *Hemiplegic paralysis* ensued, and there was tenderness upon pressing the *vertebræ*. This we made no effort to relieve, as it occurred only a few days prior to his demise. The *rectum* was the seat of excruciating pain, in voiding *feces*, or in the escape of *flatus*. This we supposed was owing to an inflammatory action, resulting from the contiguity of the tumor. It would seem useless to give in detail the system of medication adopted in the management of this case. Suffice it to say, that we directed *opiates* in sufficient quantities to lull the suffering; *wine* and *ammonia* to support the patient under the sloughing process; *elixir vitriol* to control the colliquative sweats; *saline aperients* to keep the bowels gently open; and the *pyroligneous acid* locally, to correct the fætor of the exhalations. We should perhaps mention the fact, that the patient was also visited occasionally by Dr. Hay, of this county.—*Southern Medical Journal*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 17, 1845.

*Prisons and Prison Discipline.*—Efforts have been making, for years, to better the condition of prisoners, both physically and morally; but with what success, the criminal calendars of this country and Europe clearly show. Crime is certainly on the increase, though perhaps in a ratio only with the increase of population. However, philanthropists have undertaken the culture of a field that had been entirely neglected from the earliest history of civilization till the last century, and they have found it thickly beset with brambles, thorns and weeds. A single discovery which has been made gives marked importance to the labors of a comparatively modern school of benevolent operators, of vastly more value than ordinary sympathizers with unfortunate, morally depraved humanity, seem to suspect; viz., that the law of kindness is better than a rod, and that soft words turn away anger. The theory of this doctrine was promulgated thousands of years ago. A practical illustration, however, of its true value in governing vicious and ignorant convicts was developed by Howard and the late excellent Mrs. Frye, in England, and in the United States by Mr. Dwight and his associates, and also by the most devoted, self-sacrificing of all American philanthropists, Miss D. L. Dix, of Boston.

These reflections were engendered by an examination of a large pamphlet from the pen of this lady, entitled—"Remarks on Prisons and Prison Discipline in the United States," which does honor to her head and heart; and her investigations must go down to posterity, an imperishable memorial of her devotion to the best interests of the outcasts of society—the tenants of all orders of prisons. She does not herald her reports abroad under the imposing influence of a board of trustees, accompanied by a catalogue of life-members at a hundred dollars a-piece; but with an independence of spirit and circumstances quite rare in this land of chartered rights, where making either railroads, or mutton broth for the poor, is ordinarily regulated by an act of the General Court, Miss Dix travels, examines, and writes about what she sees, and how she feels about the discoveries she has made, at her own expense. The echo of her trumpet, therefore, is no common sound in the ears of the listening public.

There is one feature in the writings of this woman, which is at variance with our individual notions of what is best for the prisoner. She looks to his moral restoration to society, with an unimpaired body and renovated spirit. Her opinions, therefore, are calculated to influence legislators in regard to the future management of prisons. She is all charity, and were those whom she addresses equally overflowing with the milk of human kindness, the aspect of the world would be materially changed. It is evident that Miss Dix looks favorably upon solitary confinement. A prisoner should be boxed up, in her view, in a cell, like an antediluvian frog in a piece of shale, wholly and entirely beyond the reach of any society. He should never hear nor see a fellow mortal, during the destined period of incarceration. All the while he should labor as direct-



ed; yet under all circumstances commune alone with his own thoughts, save when directed to higher aspirations, through the silent teachings of such books as are permitted to be in his legal grave.

While granting Miss Dix, therefore, the meed of praise for untiring exertions and honesty of purpose in behalf of the prisoner, we are equally earnest in differing from her on this momentous topic. Having expressed our views on this subject a month or two since, it is by no means worth while to repeat them here. We fervently pray that the fair authoress may live to accomplish even more than she has already achieved; but she shows but little knowledge, in our estimation, of the social constitution of her race, to advocate a system so destructive as solitary confinement. There may indeed be cases, such as Miss Dix has cited, in which the criminal was the mental gainer, by being walled up in his cell without a door—but they must be rare, or criminals and outlaws have been misrepresented, and their deceptions taken for fundamental principles.

Belonging to these considerations there are other subjects to be discussed, which have not been sufficiently the theme of her deliberations. Air, exercise, digestion, quality and measure of food; punishments for infractions of rules, evil practices nurtured in loneliness, and, lastly, the permanent effects which a long confinement, solus, under physical restraints, produces on the mind, are all to be weighed in a balance with more care than they have yet received, before any one should subscribe to the visionary doctrine that solitary imprisonment is the best method of reclaiming all or any description of criminals.

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*Public Health in China.*—Notwithstanding the low state of medicine in that empire, according to Mr. Peters, the state of public health is not so bad as might be supposed when it is remembered astrology is very intimately connected with the administration of remedies. The art of healing at the present moment in China is just about what it was in Europe two hundred years ago. But little, in reality, is known of their materia medica. They have several preparations of mercury, however, and other minerals, which are prescribed pretty judiciously in some diseases. Ginseng, after all, is the panacea for every human disability—and through all revolutions of public sentiment, in regard to other things, is still regarded as the great and sovereign remedy in all maladies and under all aspects of the stars, or phases of human woe. At one time it brought eight times its weight in silver. Vermont and New Hampshire have furnished immense quantities, procured annually by children and poor people, in the forests. Being dried, cleaned, and made by some process to resemble clarified horn, it is fit for the Canton market. Very large profits have been realized from the exportation of ginseng, and large fortunes accumulated by a few quiet individuals. The preciousness of the article obliges those who resort to it for its remedial powers, to take very small doses—quite vying with homœopaths in the size of their pills and powders.

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*Castleton Medical College.*—The public exercises in connection with the close of the autumnal session of this institution, took place on Wednesday, the 26th ult. The valedictory address to the graduating class was

delivered by Professor Perkins, President of the College. The address, like other productions from the same source, was a specimen of sound instruction and council affectionately received by a large class about to go forth and encounter the responsibilities and perils of the profession.

The degree of Doctor of Medicine was conferred on 36 young gentlemen, of whom 14 were residents of Vermont; 13, of New York; 2, of Pennsylvania; 1, of Georgia; 1, of South Carolina; 1, of North Carolina; 1, of Mass.; 1, of Conn.; 1, of Maine; and 1, of N. Hampshire.

The honorary degree of Doctor of Medicine was conferred on H. H. Toland, M.D., of S. C.; Drs. Ira Spencer and Thomas Danton, of N. York.

The number of students who attended the last course of lectures was 140.

*Swedenborg's Knowledge of Anatomy and Physiology.*—Prof. Bush, of New York, a bold, energetic expounder of the theological doctrine of the resurrection, has lectured in Boston to a delighted audience upon the scientific attainments of Emanuel Swedenborg. For ourselves, we frankly confess that the light which was shed by Prof. Bush on the writings of that illustrious savan, was both new and surprising. Swedenborg's astonishing attainments in anatomy and physiology were the most remarkable of all his acquirements, having in view, as he did, an explanation of the problem of the intimate connection of the body and soul. He was evidently a century in advance of the age in which he lived, in those departments of science, as his views have been verified by the developments of the present time. Why do we not have these particular works of his?

*Southern Resort for Invalids.*—The attention of readers is directed to Dr. Wilder's advertisement in to-day's Journal. Dr. W. formerly had an institution for invalids in the town of Groton, in this State, and we believe gave good satisfaction to all who placed themselves under his care. We believe him well qualified for taking charge of a place at the South for Northern invalids, and such a place, in the hands of such a man, seems needed. We take pleasure in recommending both to those who may be compelled by ill health to leave the chill winds of our Northern climate for the more genial temperature of a Southern sky.

*Change of Color in the Hair.* By J. SYKES, M.D., St. Louis.—Peter Sprinkle, now aged 81, is a native of Little York, Penn. He emigrated to Illinois some thirty years since. He is a most remarkably robust, hale man; erect in his carriage, and would not be supposed to have passed his sixtieth year. He was a captain under Gen. Wayne, in his first battle with the Indians on the Great Miami, and in that conflict lost the hearing of one of his ears, which has never been restored.

The particulars of his case are the following: his hair, within a few years, from being perfectly *white*, has become nearly black, indeed the black greatly predominates; he wears a long beard, descending nearly to his breast, which is similarly changed, and, to use his own words, he has no doubt, from the rapidity of the change, it will soon be as black as in his early youth.

I regretted that I had no means of examining it with a powerful microscope, as some singular facts might have been developed. He has, also, for some fifteen or twenty years, ceased the use of spectacles, and now sees to read the finest print without difficulty or inconvenience.

*Medical Miscellany.*—Some of the papers are saying—when arsenic has been swallowed, powdered charcoal should be taken in any quantity, as speedily as possible. No reason is given.—The Duke of Wellington, it seems, is opposed to the temperance reformation, in the army at least.—A rogue, in Paris, recently sentenced to one year's imprisonment, scarified his arms, sucked the blood, and under circumstances calculated to excite sympathy, ejected it from the stomach, so that he appeared to have a copious hemorrhage from that organ.—Medical practitioners are much wanted in China, and those already there are profiting largely, say the papers.—Dr. Davis, a physician, who was educated to the profession in Baltimore, is Speaker of the House of Representatives, in Congress—and Dr. Lane, Sergeant at Arms. Mr. Girdler, of Marblehead, has been appointed steward of the Mass. General Hospital.—Dr. R. H. Borroughs has been elected mayor of the city of Savannah, Geo.

ERRATUM.—In Dr. Hubbard's communication, in last week's Journal, at page 382, line 1st, instead of "connected with the heart," read, connected with the rent.

TO CORRESPONDENTS.—Dr. Abell's extraordinary account of optical illusions in his own person, Dr. Williams on Puerperal Convulsions, and Dr. Woodruff's remarks on a case referred to in Dr. Ellsworth's Prize Essay, have been received. An answer to some queries of a correspondent respecting the publications of the Massachusetts Medical Society, has been deferred in order to obtain further information. It will be given next week.

MARRIED.—In Boston, Dr. Albert C. Eaton to Miss A. Morrow.—Dr. Orin Kibbe, of Boston, to Miss H. A. Wood.

DIED.—At Philadelphia, Dr. H. G. Ford, of apoplexy, a native of New Hampshire.—At Newburyport, Mass., Dr. John A. Briggs, 29.—At Newington, Conn., Chauncey Beldin, M.D.

Number of deaths in Boston, for the week ending Dec. 13, 34.—Males 19, females 15. Stillborn, 4.  
Of consumption, 7—inflammation of the stomach, 1—hooping cough, 2—scarlet fever, 3—brain fever, 1—smallpox, 3—convulsions, 3—inflammation of the brain, 1—typhus fever, 3—lung fever, 1—inflammation of the lungs, 1—paralysis, 1—marasmus, 1—disease of the heart, 1—croup, 2—old age, 2—teething, 1.  
Under 5 years, 18—between 5 and 20 years, 2—between 20 and 60 years, 11—over 60 years, 3.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Nov. | Therm.        | Barometer.          | Wind. | Nov. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 54 to 70 | from 28.99 to 29.24 | S W   | 16   | from 33 to 52 | from 29.40 to 29.15 | S W   |
| 2    | 52 55         | 29.02 29.06         | N E   | 17   | 36 58         | 29.32 29.35         | W     |
| 3    | 57 62         | 28.98 29.00         | S E   | 18   | 45 60         | 29.42 29.43         | S W   |
| 4    | 58 69         | 29.00 29.04         | S E   | 19   | 50 60         | 29.09 29.20         | S W   |
| 5    | 42 49         | 28.99 29.09         | S W   | 20   | 43 56         | 29.00 29.12         | S W   |
| 6    | 54 48         | 29.16 29.20         | S W   | 21   | 42 49         | 28.85 28.95         | N W   |
| 7    | 39 52         | 29.11 29.15         | N W   | 22   | 32 43         | 29.22 29.32         | W     |
| 8    | 36 46         | 29.13 29.16         | S W   | 23   | 42 56         | 28.83 29.13         | S W   |
| 9    | 48 52         | 28.64 28.78         | N E   | 24   | 28 34         | 29.33 29.52         | N W   |
| 10   | 34 43         | 28.85 28.83         | N W   | 25   | 19 39         | 29.68 29.77         | S W   |
| 11   | 40 54         | 29.15 29.24         | W     | 26   | 30 45         | 29.71 29.75         | S W   |
| 12   | 38 40         | 29.32 29.39         | N W   | 27   | 40 50         | 28.70 29.20         | S W   |
| 13   | 28 50         | 29.34 29.48         | S W   | 28   | 20 27         | 29.09 29.42         | N W   |
| 14   | 40 57         | 28.98 29.09         | S W   | 29   | 12 30         | 29.82 29.94         | N W   |
| 15   | 37 42         | 29.14 29.30         | N W   | 30   | 20 30         | 29.76 29.88         | N E   |

The month of November has been unusually pleasant. There have been many fine days—warm and calm, unlike the general character of this month. A large amount of rain has fallen, and yet the springs are low. The fields have been more verdant than in August; the amount of "fall feed" extremely favorable to the husbandman. Range of the Thermometer from 12 to 70. Barometer, from 28.35 to 29.94. Rain, 6.77 inches—Snow 4 inches.



*Vinegar in Cases of Narcotic Poisoning.*—Dr. Clapp finds vinegar an excellent adjuvant to emetics, in cases where narcotics have been taken into the stomach in doses to overcome the excitability of that organ. He succeeded in bringing on vomiting by administering this acid when the emetic was about to fail. He mentioned to us the following instances. A man, in a fit of mental despondency, swallowed an ounce of laudanum on an empty stomach. In about an hour he was visited by Dr. Clapp, and was found insensible, with stertorous, convulsive breathing. Sulphate of zinc was administered to the extent of one hundred grains, and his fauces were tickled with a feather, but vomiting was not induced. The doctor gave him a pint of vinegar; emesis soon took place, with the relief of all the alarming symptoms.

Two children swallowed a number of seeds of the stramonium at different times. In the case of the first, the ordinary means of exciting emesis were tried ineffectually, and the child died. In the second, vinegar was given, free emesis was the result, and the patient recovered.

These facts are valuable, and a knowledge of them may save the lives of many individuals. We know how often children are sacrificed by the indiscreet use of opiates, and how frequent cases of poisoning by opium, the Jamestown weed, &c., are becoming in this country. If vinegar gives activity to emetics in such cases, it is an important auxiliary. Let it be tried.—*Western Medical Journal*.

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*Of the Manufacture of Enamelled Cast Iron Vessels.*—Iron pots, and especially those of enamelled cast iron, are very extensively used in domestic economy. To enamel these vessels, they are cleaned as perfectly as possible with weak sulphuric acid, then washed with cold water, and dipped in a thin paste made with quartz first melted with borax, felspar, and clay free from iron, then reduced to an impalpable powder, and sufficient water added to form a rather thin paste. These vessels are then powdered in the inside with a linen bag, containing a very finely-pulverized mixture of felspar, carbonate of soda, borax and a little oxide of tin. Nothing then remains but to dry the pieces, and heat them in an enamelling furnace. The coating obtained is very white, resists the action of fire without cracking, and completely resists acid or alkaline solutions.—*Chemical Gazette*.

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*On Benzoline, a new Organic Salt-base obtained from Oil of Bitter Almonds.* By GEORGE FOWNES, Esq., F.R.S.—Pure oil of bitter almonds is converted, by the action of a strong solution of ammonia, into a solid white substance having a crystalline form, and which was termed by M. Laurent *hydrobenzamide*. The author found that this substance, by the further action of alkalis, became harder and less fusible than before, and not differing in chemical composition from the original substance, but exhibiting the properties of an organic salt-base. To this substance the author gives the name of *benzoline*. He finds that the salts which it forms by combination with acids are, in general, remarkable for their sparing solubility; and that many of them, as the hydrochlorate, the nitrate and the sulphate, are crystallizable. Of the properties of these salts the author gives a detailed account.—*Ibid*.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 21.

REMARKABLE CASE OF ILLUSIVE VISION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The contents of this communication I hope will be sufficiently interesting to serve as an apology for my intruding on one with whom I have had no personal acquaintance, knowing, as I do, the interest you have always taken in the promotion of science.

The case is a rare one, and, as far as I know, the most remarkable instance of the kind ever experienced by any person. I was bred a physician in the years 1802, 3 and 4, and at a period when *animal magnetism* and *phrenological bumps* were not consulted as the arbiters of the destinies of men. I pursued that course of life to which my inclination and fancy led, and many times no doubt at the expense of my interest and better judgment. But I believe that I sustained a fair reputation as a physician, and as a man of science and good morals. I had a feeble constitution, slow pulse, and was of a scrofulous habit. Nothing remarkable had occurred to me until 1838, in the 59th year of my age, when I found the sight of my right eye began to fail—first, by a *smoky appearance*, *black specks* dancing before it, revolving motion of objects, &c. On entering my sleeping room without a light, it would sometimes appear light as day, and beautifully papered, though different from the real; and in attempting to place my hand upon the wall, it was not there.

Although there was no morbid appearance, the sight soon became so distorted as to cross the axis of vision of my left eye, which soon began likewise to fail, so that in 1842 I was totally blind, without ever suffering any pain or inflammation. In this situation I often dreamed of having my sight restored, and of seeing the most beautiful landscapes. At length these landscapes began to appear in miniature *when awake*; small fields, a few feet square, would appear, clothed with the green grass, and other vegetables, some in bloom. They would continue two or three minutes, and then disappear. I saw them most frequently on first retiring to bed.

During the fall of 1843, as I was sitting by the stove in the evening, I saw a lady sitting by me with an infant child in her arms asleep. In two or three minutes she disappeared. Near the same time I saw a small child standing by me and looking me in the face. The appearance was so familiar that I inadvertently put out my hand, although I knew it to be an illusion, for there was no child in the room. About the 25th of

January, 1844, while in my usual health, I began to discover objects by an internal sight. The apartment was partially illuminated, and I saw different kinds of animals, this appearance continuing for several days and nights. I next began to see a *grey* horse which was constantly standing by me, with a bridle on, champing his bits and tossing up his head as if checked too short. This appearance was constant every day for three weeks.

About the 20th of February I began to see human beings, sometimes in great numbers, of both sexes, and likewise all the different kinds of animals and fowls that I ever saw by the natural sight. The darkest nights were no obstacle to my seeing these creatures, for my room was always sufficiently light to discern every feature of their faces. They would often come to my bed-side, stoop down over me, and look directly into my eyes; and however trying my situation, there was no way for me to avoid it, for to close my eyes or cover my head was of no avail. This state of illusion continued until the 3d of April, a period of ten weeks, during which time I saw more people and animals than I ever saw before, during the same period, in my life, with my natural sight. Besides animated beings, I was shown all the works of art, and a great variety of vegetables, &c. During the whole time of these illusions, I could see through the partition of my apartment, sometimes by two or three openings, into clear day-light; and the surface of the ground would be clothed with green grass. These openings would often increase in size and number, so as to appear as if the whole partition would pass away and leave me in the open day.

On the evening of the 23d of March, after a severe trial with much of my company during that day and evening, I was threatened to be run over about 10 o'clock by a drove of oxen; but having my presence of mind, I sat quiet, and with much crowding they all passed without touching me. In a few minutes after, the partition before me passed away, and I was left the remainder of the night without a covering from the rays of the sun. My prospect, however, was limited, for I was not permitted to see over more than what I judged to be fifteen or twenty acres, situated on a hill-side descending to the south. It was handsomely walled in, and divided into four lots. Near me stood a large *stone barn*. I also saw some cattle grazing in the field, and one large ox came down near me, and went into the barn. I passed the night without a moment's sleep, and arose in the morning very much exhausted, and my eyes feeling so weak that I was not able to open them. The same appearance returned again a few evenings after, but lasted only about three minutes, during which time I saw an old man with a basket upon his arm coming towards me, but he soon turned into a yard and disappeared. Whenever I attempted to extend my observations further, I always lost sight of the whole.

Among the many peculiarities observable in these illusions, I would mention, that for the first ten weeks I saw no human beings, except their head and face, down to their shoulders; the other parts of the body being hid in obscurity. The first time I saw entire forms, was one morning



when I awoke, and turned my face towards the foreshide of the bed ; I saw hundreds of men, women and some children, taking their places in four columns, beginning at the head of the bed, and extending to the west until lost in the distance. They all faced one way, and appeared to be listening to a speaker, though I could not see any. The women were variously dressed, in caps and bonnets or hoods. The men were bare-headed. In fifteen or twenty minutes they broke up and disappeared. I was passing through a back room one evening, and I saw, through an open door, a small room illuminated, but where I knew there was none. I saw a woman standing in the centre of the room, warmly clad, with a frock and hood. Her face was turned partly from me, but she soon turned her face towards me, and sat down in an arm chair. I could not recognize her countenance. In about three minutes the light was extinguished and she disappeared.

After the 3d of April, I saw little or nothing worth noticing (after seeing so much), although scarcely a day passed without my seeing some one or more human faces, until the 18th of June, when various animals were seen about me, and the grey horse which I had formerly seen, with his head still bridled. At this time I rode out a short distance, to visit my daughter, hoping that a change of place and company would give a check to these appearances. But in this I was disappointed. The first night on retiring to bed, I was again much troubled with my silent, but impudent visitors, which prevented my sleeping until a late hour. The second night they were still more intruding, often three or four in number approaching my bed and looking me in the face. The night was stormy and dark : but wherever these human forms appeared, it was always sufficiently light to enable me to see them distinctly. After a short sleep awoke about 2 o'clock, when my room appeared as light as noonday, and was filled with men and women. They sat upon every side of my bed, and from fifteen to twenty standing up. They often turned towards me, and then towards each other and laughed. As soon as the family were up in the morning, I left my bed, "having to displace two or three of them to make room to dress myself." I returned home the next day, and from that time until the 4th of July, was one continued scene of novelty and wonder, of which I am not able to describe the tenth part. Besides multitudes of people by night and day, I saw horses and carriages in great numbers. At one time a gentleman drove up near me with a span of grey horses and buggy ; he stepped down and helped two ladies into the carriage, and drove off on a smart trot to the south. I kept my eye on them until they had time to drive about half a mile, and they then disappeared in the gloom which has always limited my vision. At another time, one evening, a stage coach came in from the southwest ; as it passed a little by me, it met with a number of carriages standing before a public house. It stopped and waited until the owners could clear the road ; some started forward, others reined back their horses, and in about three minutes the way was cleared, and in the mean time the stage-driver dismounted, adjusted the harness, returned to his box and drove on.

The morning of the 8th of February, 1845, I awoke about 2 o'clock,

and beheld the room illuminated and filled with people of both sexes. They often nodded me in turn, and sometimes they would come to me and look as if they knew me; but believing they were from an evil source, I generally returned a stern and repulsive look, upon which their countenances would change, and they would soon withdraw or disappear. I could see men about their fields and barns, as if at work, in their shirt sleeves. During the whole of that day I saw a multitude pass by me on the left, apparently with reluctance, to a dark building or shed where they disappeared. The following night, at the same hour, I awoke and beheld an extensive plain, with a gentle declivity towards the south—the surface perfectly smooth and handsome. I seemed placed on the southern border, from which I could see a whole regiment of soldiers coming from the north. As they approached, their number increased to thousands. Their dress was so splendid as to dazzle my sight. Their movements were generally quick, often halting and forming in two columns, facing each other, and extending in line as far as the eye could reach. They would then break up and march in different directions, often driving each other in large companies. I felt peculiarly gratified in seeing large groups of little boys running and jumping before and after the troops—many of them dressed in a light blue frock with a scarlet sash. These movements continued through the day until near sunset, when the field was cleared until after 10 o'clock, when I saw them returning, but they took a western movement and soon disappeared.

During the following week I always awoke at the usual time, and beheld new scenes of wonder which I had never before witnessed—such as a city lighted up, huge brick buildings enclosing me on every side, and in a crumbling condition, with dark caverns or arches under them, where I could descry human beings moving about. Sometimes I saw stores of merchants' goods, with their clerks behind the counters, but no customers. In the streets I could see men on horseback, loaded teams, dogs, fowls of all kinds, and mechanical work of every description.

On the night of the 13th, the muster field, before mentioned, was occupied by men on horseback riding towards the west. The number was innumerable. They continued to pass for several hours, in a column at least half a mile wide. The same appearance returned on the 15th. The evening of the 14th, after retiring, I had a most interesting view of a city which enclosed me on every side. The buildings consisted of new frames several stories high, but without any covering. I could count an hundred men on a single frame, pulling on the timbers for the roof. Sometimes a street would be opened as far as the eye could reach, composed of nothing but wooden frames.

Among all the peculiarities of these illusions, was that of a revolving wheel, which seemed to perform the office of a train of cars. The wheel was situated in the interior of a building. I could see only one edge of the wheel, which appeared through a small window. The engineer always stood on the outside of the wheel, and when his face came even with the window, the wheel would stop, and he would step off, while the passengers, from one to five or six, would step out from the

inside of the wheel, each one taking his baggage, and walk off in different directions. This operation was repeated three or four times a minute, for three days, and in the mean time there would be twenty or thirty standing around, waiting their time.

Among the great variety of moving objects which I have seen, their motion has been from right to left, with very few exceptions, as that of the marches and counter-marches of the soldiers. It was common to see two objects moving in the same direction, while one would move much faster than the other and pass by. Another peculiar trait of these motions was, that some corresponded to the motion of the eyeball, while others were stationary, at the same time.

What I have here stated must appear incredible to those unacquainted with the history of illusive visions. Yet it is not only strictly true, but is only a mere sketch of what I saw during fifteen weeks; neither have I language to describe many of the most interesting particulars. How far my blindness contributed to produce such a result, I am not able to say.

Never before have I been able to realize the ancient comparison of the human mind to a microcosm, or universe in miniature. That such a display of military tactics as that seen on the 9th of February, should be kept up with the greatest activity for twenty hours, and which no other person in the world could see, all on my account, is to me truly astonishing. But a little reflection convinced me that the whole was confined within the organ of mental vision, and occupied, perhaps, a space of less than the tenth part of an inch square.

I have had no other motive in making a record of my experience than a hope that at some future day it might contribute something to the advancement of that occult, mysterious branch of science, called mental philosophy; and I shall receive your remarks and advice with much pleasure, if my case is worthy of them. Yours with respect.

*Lempster, N. H., Dec. 7, 1845.*

TRUMAN ABELL.

N. B.—The above communication was copied, at his request, from a letter of his own hand writing.

T. W. ABELL.

## NATURE OF VACCINA.

By S. A. Cook, M.D., Buskirk's Bridge, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are many diseases which, though very different in many of their characteristics, agree in several important points; among which is the fact that when once passed through, they render the system, as a general rule, for life incapable of a second attack.

Diseases associated together by this single character, though very different in their operation, and in their destructive tendencies as wide apart as the poles, yet, says Dr. Holland, "are still so closely associated, that it is impossible to view them asunder. Such is the perfectly definite course of their symptoms, in the ordinary form; the frequency



of an external or eruptive stage in each; and the well-marked power of conveying infection by the re-production or diffusion of the virus respectively peculiar to them," all of which, while they possess many characteristics in common with other diseases, serve to set them distinctly and forever apart from them.

Again, when we consider the minuteness of the speck of virus capable of producing so great a commotion in some cases, and in others by an almost unnoticed process producing a change as permanent as life, we might be astonished at the apparent disproportion between cause and effect. Yet when we reflect that the process with regard to the virus is nothing more nor less than a species of generation, and that like the *ova* of many of the insect tribes, the virus is deposited in a nidus adapted to hasten or aid its incubation; it would not be inconsistent with analogy that the same bed would answer the purpose but once. Not intending, however, to enter the fields of conjecture in a paper like the present, I shall not venture to pursue this train of reasoning farther, fully coinciding with Dr. Holland, when examining this subject, that while looking at the general form of this class of diseases, "we seem ever on the verge of some discovery giving new inlet to the more mysterious parts of the animal economy. Such discovery, indeed, if hereafter made, is not unlikely to be derived from methods of inquiry in which these relations are directly involved."

Pathological science is not yet sufficiently well understood to determine in what these changes consist, or even upon what tissue or material of the system they are effected. What change of structure or action gives to them definiteness of course or symptoms? By what peculiar process, vital or chemical, or both, is a virus concocted which maintains its own specific characters through unnumbered generations? What change affords prophylaction? These questions are yet among the innumerable unanswered ones in the womb of time, for future investigators to answer. But though we cannot explain all the mysteries of prophylaction, much less tell how a disease so mild as *vaccina* can protect the human system against the assaults of one so violent as *variola*; yet, by a careful examination of facts noted by observers in various countries, we may learn the extent of the protection and the laws that govern its operation; may give to man the inestimable blessing of escaping this plague of plagues, though unable to satisfy his curiosity with regard to its *modus operandi*.

*Vaccina* can only be communicated from one individual to another by inoculation. When the virus has been properly inserted, no disturbance, either general or local, is observable, if we except that arising from the slight mechanical injury of inoculation, till from a day and a half to three or four days after, when "a small red point may be perceived to mark the spot of insertion, which being pressed gently and the fingers at the same time drawn carefully over it, will yield sensation like that from a very small hard body situated beneath the surface of the skin. The redness likewise will be perceived to vanish during the pressure, but to return upon its removal. This is the first evidence of the action of *vaccina*.

"The inflamed point now slowly and gradually enlarges. Towards the fifth day it takes on that peculiar action of secretion which is one of the most beautiful features of the affection. A particle of clear and transparent virus may be perceived to have been formed during the course of the day, and to be deposited at the very extreme circumference of the yet incipient vesicle; the cuticle, round the centre, begins to be raised and separated from the structure beneath, under which watery lymph is deposited."

To this period we can discover no constitutional impression; and if the vesicle should now be completely removed, the impressibility to smallpox would in no wise be eradicated, or perhaps even modified. The magazine is now formed from which the constitution is to draw its necessary supply until saturated. "The lymph continues to increase, filling the extreme edges of the vesicle, while the centre remains unaltered, and in its natural state. As the affection progresses, the secretion of the virus continues, and the surrounding edges become more full and more prominently elevated above the centre." By the eighth day, as a general rule, the vesicle reaches its *maximum*, though in this respect there is a considerable variation in different individuals, and also a perceptible difference in different seasons: "its circular margin becomes elevated, and its centre proportionally depressed."

At this time, if punctured with a lancet, a transparent fluid exudes, which is the genuine humanized vaccine virus; perfect in quality for use, which is probably the latest day that so much can be said. Virus may be obtained at a later period, that will frequently answer the designed purpose, yet it is mixed and diluted with other than specific matter. The constitution, if no contingences interpose, soon becomes saturated, and the impressibility to variola is destroyed. Absorption into the system, and the exhaustion of susceptibility to variola, are usually completed by the tenth day, and between the eighth and tenth is the usual time for the manifestation of the constitutional symptoms, consisting of a slight general indisposition, presenting the ordinary phenomena of mild febrile commotion.

All these manifestations exhibit the specific character of the disease; but when the susceptibility to variola is destroyed, that of vaccina is also, and the remaining virus in the vesicle having lost its specific power, local and general, possesses only that of a simple irritant or extraneous substance, and through this property another action is produced around the vesicle, which is nothing more than a simple inflammation, modified, as all simple inflammations are, by its cause, and the state of the system; terminating in suppuration, depositing a layer of pus under the vesicle, and thus cutting short the farther unnecessary absorption of the vaccine lymph. The vesicle being now insulated, concretes into a semi-crystalline scab, resting on a layer of opaque purulent matter; all of which usually fall off about the twenty-first day.

Such is the order in which the phenomena of this invaluable disease are developed, beautifully illustrating the truth, that pathological changes exhibit the same regularity and harmony in their progress, as we see in the performance of the healthy functions. And as in the latter contin-

gences may derange or entirely prevent their completion ; so in vaccina their occurrence may so disturb the harmony of its progressive development, as to render its operation incomplete and nugatory.

Thus Dr. Hayward relates, that in 1816 he vaccinated a female infant ; a perfect vesicle was formed, from which he took matter on the eighth day, that gave the disease to others. On the ninth, in consequence of the exposure of the limb to a strong current of air while the child was asleep, a violent inflammation took place round the vesicle, and a great discharge of pus followed. During the year 1827, entertaining some doubt whether the system was protected against smallpox, he vaccinated her again, and no one ever had the disease more perfectly than she did. "This induced me to believe," remarks Dr. Hayward, "that the inflammation and suppuration around the vesicle prevent the absorption of the vaccine virus into the system, and that the disease, until this takes place, is entirely local."

This opinion of Dr. Hayward is undoubtedly founded in truth. As the process by which nature terminates the absorption of virus is by inflammation and suppuration, it follows that whatever contingency excites this state too early, cuts short the supply of virus before the constitution is saturated and the individual protected. Yet would Dr. Hayward's case have afforded much more satisfactory evidence of the principle deduced, had the re-vaccination been performed soon after the failure or destruction of the vesicle.

Another circumstance that should be noticed in Dr. Hayward's case, is the wounding of the vesicle for the purpose of obtaining virus—a proceeding, when only a single vesicle is produced, entirely unjustifiable, and one which was more probably the cause of the ensuing inflammation of the vesicle than the current of air that so inopportunately touched the arm on the ninth day. Where but a single vesicle arises it should be watched with more than ordinary care, that no injury befall it ; and if by accident it get inflamed so early as to render doubtful the complete saturation of the system, I have usually adopted the plan recommended by Mr. Bryce, of Edinburgh, to immediately re-vaccinate while the constitution may yet be under the partial influence of the matter from the first vesicle.

#### DEATH OF DR. DOUGLASS HOUGHTON, STATE GEOLOGIST OF MICHIGAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Science and humanity have much to deplore in the death of the lamented Dr. Douglass Houghton, State Geologist of Michigan, who was drowned near Eagle River, Lake Superior, on the evening of the 13th October last. Dr. Houghton was one of the most learned and distinguished physicians at the West. Much of his time in the latter part of his life was devoted to the pursuit of science, and particularly to the science of Geology and Mineralogy. Some extended reports of his have been laid before the State Legislature of Michigan, and have been



published, which do great credit to his indefatigable researches in this interesting department of knowledge. It was, I believe, in the prosecution of his discoveries and researches in the region of the copper mines, near Copper Harbor, on Lake Superior, that he met his untimely fate in the midst of high health, great usefulness, and at the period of middle age. Not long before he was drowned he was appointed Professor of Geology, Mineralogy and Chemistry in the Michigan University at Ann Arbor. He was formerly a distinguished pupil of the late Professor Eaton, of the Scientific Institute at Troy. I send you an account of the public meeting at Detroit, in consequence of the death of Dr. Houghton, with the resolutions, which give an exposition of the estimation in which he was held by the citizens of Detroit, and the inhabitants of Michigan. I think they will be read with interest by our professional brethren in the various parts of the Union, where your wide-spread Journal is circulated.

Most truly yours,

*Deerfield, Mass., Dec. 11, 1845.*

STEPHEN W. WILLIAMS.

Dr. Zina Pitcher offered the following preamble and resolutions.

*Whereas*, We have learnt that Dr. Douglass Houghton, Geologist of this State, was drowned near the mouth of Eagle River, on Lake Superior, on the night of the 13th inst.:

*Resolved*, That this community have heard with deep regret of this melancholy catastrophe, which has deprived us of one who has been for many years a most useful and estimable citizen.

*Resolved*, That as citizens of Detroit we have lost in Dr. Houghton one who has been zealously and closely identified with our best interests. In public and in private his efforts have been ceaseless to promote our welfare. When that dreadful scourge the cholera was abroad among us, his unremitting labors and kindness contributed much to mitigate and stay its ravages. And when called to preside over our Councils as Mayor of the city, he manifested the same solicitude for the public good, and by his independence and energy obtained the respect of all parties and all men.

*Resolved*, That this State has been deprived of one of her brightest ornaments, and one who has done much to increase her reputation and her welfare. Chosen at an early period State Geologist, and Professor of Geology, Chemistry and Mineralogy, in the University of Michigan, he began and has continued his labors with untiring devotion, to collect such knowledge as would best enable him to benefit the State and the cause of education. For this he has sacrificed his time, his money, and his health, and more than once perilled his life. Disregarding every hardship and sacrifice, he has persevered and accomplished enough to gain for himself and for us a distinguished reputation among the patrons and followers of knowledge. And by his skillful efforts to develop the rich resources of our soil, he has advanced us far on the way to prosperity and distinction. The work which he has done is one of our best passports to honor and respect, at home and abroad.

*Resolved*, That science in his death mourns for the loss of one of her noblest sons. Without guide or teacher he devoted himself to its study

in his early youth, and from that time onward has never wearied in its researches. And by his quiet and unobtrusive modesty he has exalted his character as much as by his thorough and extensive acquirements. It never had a more unassuming or a more worthy votary. The distinguished societies of this country and of Europe have enrolled him among their numbers, and whenever he has appeared among them, he has been listened to with attention and respect. He occupied one of those high places in which it will be hard to find a worthy successor.

*Resolved,* That we remember with gratitude and respect his character as a *man*. Open-handed and generous, and affable alike to all, the rich and the poor have lost in him a benefactor and a friend. And he has left behind him a noble example of persevering constancy. A self-made man, he has not for a moment relaxed in his industry, or suffered any temptation to divert him from his lofty aim. Both when standing almost alone and unaided, and when his perseverance and devotion had multiplied his friends and increased his prosperity, he still remained the same steadfast, laborious student, the same honest, independent and generous man. And few have departed so young as him, who have left in any community so many attached friends of every age and class, or so bright and decided a character to revere and imitate.

*Resolved,* That we tender to the bereaved family of the deceased, our earnest and heartfelt sympathy.

#### DR. NORTH—THE TREATMENT OF CHRONIC DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

THOUGH a constant reader of the Boston Medical and Surgical Journal, yet, by some oversight, I did not notice, till a day or two since, an article "On the Treatment of Chronic Diseases," by Dr. North, of Saratoga Springs, though it was published in the weekly number of April 23d. I refer to this paper because it harmonizes so perfectly with my own long-cherished views on this subject.

It seems to me the medical profession have lost very much in not giving that prompt and constant attention to chronic diseases which Dr. N. recommends. I know it is very difficult for a practitioner in medicine, who attends to all branches of the healing art, and who is called from one case of acute and dangerous disease to another, day by day, to recollect the case of the chronic invalid, and more especially the *symptoms* of his disease, when he sees him but once a week. But the fact that he does not remember all these, though his avocations are such that it is impossible for him to do it, has unquestionably been the occasion (though on the part of the practitioner the innocent occasion) of his patient's falling into the hands of some one of the numerous charlatans of the day. Would it not be a great improvement in reference to such patients, if the physician would uniformly give them to understand, at the first call, that chronic diseases cannot be speedily eradicated—that when they have once invaded the system, the process of cure must be slow and protracted, and

restoration to health very gradual—that he shall by no means be neglected—and that, if he depends on you for his physician, he shall be visited as often as the nature of his case demands. If a practitioner does not choose to engage one of these protracted cases, he had better give his patient such notice at his first visit; but if he does so engage, let him do it with a distinct understanding of the full amount of the time, remedies and attendance, which will be necessary to restore health to the long-diseased body, and let his efforts to accomplish that work of healing not be relaxed till it is done.

The nature of such diseases, and the tendency which there naturally is in a *general* practice to neglect, or *seem* to neglect them, has often caused me to think that it would be much better for such patients, and for patients generally, and far more for the honor of the medical profession, if more of them confined their practice to the treatment of one specific disease, or one *class* of diseases. This is the case, to a far greater extent, in Europe and England than in America; though here, we have the medical practitioner and the surgeon, the oculist, dentist, &c. Let us have those who confine all their attention to one class of diseases, as our professors in medical colleges lecture upon *one* branch of medical science, and it seems to me it will be a decided improvement in medical routine.

The importance of Dr. N.'s plan of "a manuscript blank volume, for a case book; in which each case and prescription should be carefully noted," is of vast moment. It is by no means a new suggestion, but, nevertheless, it ought to be repeated until it shall be universally adopted. There are many reasons for its use. It serves not only to recall the symptoms of that particular case, with the prescription given at the time, which, the doctor remarks, are so often forgotten; but it may be of great utility as a reference in other cases of a like character when reviewed at leisure. No physician can always call up, at any one moment, all the best remedies for an individual case; but, if he keep a memorandum of his cases with the prescriptions, and carefully note down the effect of the remedies, he will find it an invaluable assistant for future practice. We know a physician who has pursued this course for many years, and, he thinks, with great benefit.

#### ABSCESS AND SLOUGHING OF THE EXTERNAL CAROTID.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has just been called to the prize essay of the Connecticut Medical Society, by Dr. P. W. Ellsworth, which you have recently published in your Journal. It was with no little surprise that I met with allusions to my name in that essay, and the more so as I found that in both instances where my name was used, the Dr. had fallen into error. I allude to the case of abscess and sloughing of the external carotid.

The account of the case is correct so far as relates to the hemorrhage



and its suppression. But in the farther relation of the case I am represented as committing (what I would consider in any one else) a most unpardonable error, that is, removing "the plugs for some reason or other next day." On referring to my notes of the case, I find that the dressings were removed on the *fifth* day, which even then was earlier than I wished, but the weather was very warm (August), and the wound had become exceedingly offensive, which induced me to dress it thus early. On removing the "plugs" I found the ulcer assuming a very healthy appearance, granulating kindly, and the external carotid artery entirely separated, and the loose end completely isolated for one third of an inch; and instead of being with "open calibre," as represented in the essay, it was perfectly closed, and the pulsation in it could be as distinctly seen as that of an artery with a ligature upon it after amputation. There was no pulsation that could be perceived in the temporal or facial arteries on that side for several months, but it was finally perceived, though indistinctly at first, and it is still quite feeble.

In the other case I am represented as using "tinct. myrrh with carb. potass." It was carb. *ammonia* that I used, which may not be as useful as the potass., yet I prefer to have it correctly stated.

I have no doubt that Dr. E. intended to state the case correctly, and do not wish to find fault with him. Still I would like to have the corrections made in your Journal, if you can allow it. L. WOODRUFF.

*New Britain, Conn., Dec. 9th, 1845.*

#### ORIGIN AND PROGRESS OF STORMS IN THE UNITED STATES.

[FROM the Report of the Surgeon-General of the United States Army to the Secretary of War, dated Nov. 1, 1845, we copy the following letter from Mr. Espy, the meteorologist, to Dr. Lawson. Mr. Espy, as well as the Surgeon-General, deserves great praise for his meteorological investigations, and it is gratifying to perceive that their researches are likely to be crowned with success.]

SIR,—With the aid of Lieut. Irons, I have since my last "report" completed ninety-two meteorological charts, for the months of January, February and March, 1844. These are the months corresponding to those of my first report for 1843.

In that report I ventured to draw from the documents then collated the following twenty generalizations:

1st.—The rain and snow storms, and even the moderate rains and snows, travel from the west towards the east, in the United States, during the months of January, February and March, which are the only months yet investigated.

2d.—The storms are accompanied with a depression of the barometer near the central line of the storm.

3d.—This central line of minimum pressure is generally of great length from north to south, and moves sideforemost towards the east.

4th.—This line is sometimes nearly straight, but generally curved, and most frequently with its convex side towards the east.

5th.—The velocity of this line is such, that it travels from the Mississippi to the Connecticut river in about twenty-four hours; and from the Connecticut to St. John's, Newfoundland, in nearly the same time, or about thirty-six miles an hour.

6th.—When the barometer falls suddenly in the western part of New England, it rises at the same time in the valley of the Mississippi, and also at St. John's, Newfoundland.

7th.—In great storms, the wind, for several hundred miles on both sides of the line of minimum pressure, blows towards that line, directly or obliquely.

8th.—The force of the wind is in proportion to the suddenness and greatness of the barometric depression.

9th.—In all great and sudden depressions of the barometer, there is much rain or snow; and in all sudden great rains or snows, there is a great fluctuation of the barometer.

10th.—Many storms are of great and unknown length from the north to the south, reaching beyond our observers on the Gulf of Mexico and on the northern lakes, while their east and west diameter is comparatively small. The storms, therefore, move sideforemost.

11th.—Most storms commence in the "far west," beyond our most western observers; but some commence in the United States.

12th.—When a storm commences in the United States, the line of minimum pressure does not come from the "far west," but commences with the storm and travels with it towards the east.

13th.—There is generally a lull of wind at the line of minimum pressure, and sometimes a calm.

14th.—When the wind changes to the west, the barometer generally begins to rise.

15th.—There is generally but little wind near the line of maximum pressure, and on each side of that line the winds are irregular, but tend outwards from that line.

16th.—The fluctuations of the barometer are generally greater in the northern than in the southern parts of the United States.

17th.—The fluctuations of the barometer are generally greater in the eastern than in the western parts of the United States.

18th.—In the northern parts of the United States the wind, in great storms, generally sets in from the north of east, and terminates from the north of west.

19th.—In the southern parts of the United States, the wind generally sets in from the south of east, and terminates from the south of west.

20th.—During the passage of storms, the wind generally changes from the eastward to the westward by the south, especially in the southern parts of the United States.

The great uniformity of the phenomena accompanying the storms of the first three months of the year 1843, emboldened me to draw the above generalizations; observing, at the same time, "how far these generaliza-

tions will apply to other months of the same year, or to the same months of different years, remains to be seen by future investigations."

I have the pleasure now to state, that the phenomena exhibited in the charts herewith communicated so entirely correspond with the above generalizations, that there seems to be no necessity to make any change in them. It is therefore expected that future observations will establish them as *laws*, applying to *these*, and perhaps to the other winter months.

In the summer months, however, there is one great feature of the storms of the winter months wanting; that is, their great size. In the summer the rains are quite local; and though, like the winter storms, each rain appears to progress towards the east from the place of beginning, yet, from want of size and continuity over a great space, they are not so easily traced.

I shall, therefore, not attempt to deduce any generalizations for the summer storms, until all the journals which may be received for several years shall have been collated.

In conclusion, I will venture to deduce two other generalizations, as applicable to the storms of January, February and March.

21st.—The northern end of the line of barometric minimum generally moves faster toward the east than the southern end.

22d.—The maxima and minima of the thermometer move towards the east with the storms.

All which is respectfully submitted.

JAMES P. ESPY.

#### THE RELATIONS AND NATURE OF WATER.

[THE Introductory Lecture to the course of Chemistry, by Professor Draper, of the University of New York, is one of the best and most beautifully written of his published papers. We should be glad to copy the whole lecture, but can at present find room for only the following.]

We talk about the uses of water, and imagine that nature furnishes us a perennial supply. The common philosophy of people is doubtless advanced so far as to admit that in some unknown manner this substance is created in the clouds, descends as rain for the uses of animals and plants; but whence it came, or where it goes, never enters into their consideration. Men constantly forget that in this world nothing is ever annihilated; an atom, once created, can by no process be destroyed. The liquid that we drink to-day has been drank a thousand times before; the clouds that obscure the sky have obscured it again and again; and if the sorrows of mankind are as many as the philanthropist may well fear, he might suspect a great part of the ocean is perhaps made up of tears that have fallen from the human family. In the air their sighs die away, and in the ocean their tears are all lost. This using over and over again is a striking characteristic of the ways of nature; the beautiful and the vile—the great and the small—are all mingled together; the tears that you shed in the depths of grief to-day, may be squirted to-morrow through a hose-pipe to clear the dirt off the streets; or whistled away through the squeak



of a loco-motive, to scare some dilatory cow off the track. So much for the sorrows of man.

What then becomes of the immense quantities of water, which, thus entering as a constituent of the bodies of animals, gives to their various parts that flexibility which enables them to execute movements, or combining with vegetable structures, fits them for carrying on their vital processes. After the course of a few years, all existing animals and vegetables entirely pass away; their solid constituents disintegrate and take on other conditions, and the water lost, perhaps, for a time in the ground, at last escapes in the form of vapor into the air. In that great and invisible receptacle, all traces of its ancient relations disappear—it mingles with other vapors that are raised from the sea by the sun. From the bodies of living animals and plants, immense quantities are hourly finding their way to the same reservoir. In a crowded city, from the skin, and by the breath of its numerous inhabitants, clouds of vapor are continually escaping—we see this visibly going on in the cold weather of winter; and, though invisible, the process is equally active in summer—the escape arising from the drink that we take, or from all those various portions of the system that are dying each moment—for the life of an individual being is made up of the successive death of all its constituent particles. In the same manner, from the forests and meadows, and wherever vegetables are found, water is continually evaporating, and that to an extent far surpassing what we might at first sight be led to suppose. In a single day, a sunflower, of moderate size, throws from its leaves and other parts, nearly twenty ounces weight. How enormous then must be the quantity which escapes from the surface of a great continent. Yet all this is thrown into the air, and there it mingles with other portions, some of which are coming from living races, and some from the decay of the dead, some derived from the surface of the ground, and some from the remote regions of the sea. It seems as if nature had taken sure means that here all traces of identity should be lost. The winds, proverbially inconstant, blow at one time from the coasts of Europe, at another from Africa, at another from Asia. In the republic of the universe there is a stern equality, the breath of the king intermingles with the breath of the beggar, and the same quiet atmosphere receives the exhalations of the American, the European, the Asiatic, the African; the particles that have risen from the dead intermingle with those from the living, and as if this were not enough, the winds and the tempests obliterate every distinction, and dash in one common confusion these relics of every part of the globe.

From the atmosphere—that grand receptacle, at proper periods, portions of the accumulating water are removed. Each evening in summer, as soon as the sun goes down, some fall as dew, covering the leaves of plants and other objects which have been parched by the warmth of the day. In sequestered places, in valleys, and on the sides of mountains, mists collect—these are nothing more than terrestrial clouds composed of innumerable little drops of water. They fall upon the ground,

and trickling in streams, find their way to the rivers, and from thence to the sea. Other portions collect as clouds in the more elevated regions of the air, and there they take on fantastic shapes, changing their forms and their colors every moment. Some, when the sun is in certain positions, borrow a glory from his rays; some hide the lightning in their darkness; and some afford a curtain on which the rainbow is painted. Of these drops that descend together, who can tell the history; from what region did they come, or what was their last condition? In an invisible state they have been in that invisible world which envelops the earth on all sides, and nature has taken from them every mark which could indicate the scenes they have passed through.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 24, 1845.

*Epidemic Smallpox.*—Although little is said, the fact is notorious, that smallpox, and its varioloid phases, are very prevalent the present season in most of our large cities. The number of deaths announced in the bills of mortality at Philadelphia, Baltimore, and some other places, demonstrates the criminal negligence of the people to avail themselves of vaccination. But there is the strongest prejudice against it imaginable, in the minds of many of the ignorant, who conceive themselves exceedingly wise. Even in Boston, it is no uncommon thing to hear both men and women, who appear to be persons of ordinary intelligence, declare, with an air of contemptuous triumph, that they “*don’t believe*” in the operation, and therefore positively refuse the blessing when proffered and urged upon them gratuitously. By such individuals, to some extent, the malady is kept in perpetual existence with us, although a never-ceasing effort is made to protect the great body of the inhabitants.

With regard to Boston, it should be distinctly understood, since the circumstance is one of general remark and of much importance, that the regular inhabitants of the city are not the sufferers by smallpox, to any extent worth noticing; but those who come here to seek temporary employment. They arrive in the full vigor of health, and many, whose hopes and prospects were most satisfactory, soon fall victims to this pestilence that walketh in darkness. Such as recover, which is a multitude in the aggregate, are ever after disfigured and scarred in a manner that shows the contest which they had with the terrific foe.

Varioloid, which is rarely fatal, is so exceedingly common as to excite no marked attention, except where the wholly unprotected are within the reach of its influence. In most cases, the patients are those who have vaccinated themselves. Many physicians conceive the susceptibility to be in consequence of the insertion of deteriorated virus. Of all the States in New England, Maine is by far the most melancholy sufferer from smallpox; and for the last twenty years, within the compass of our own recollection, the numbers from that State who have died of it, even in Boston

and its vicinity, would make a formidable catalogue. The same State furnishes, it is presumed, two thirds of all the cases of smallpox and varioloid, occurring in Boston the present season. Young seamen from that State, also, die of it all over the world. There appears to be an utter disregard to vaccination in the inland towns of Maine, which explains the unprotected condition of the multitudes of their young men and women who flock to this metropolis. This sad neglect of both parents and the public authorities has been often repeated, in this Journal and elsewhere, but they heed it not—and the fated State of Maine, without some more interest in vaccination, is destined to supply food for this wasting pestilence, for another generation to come.

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*Phthisis and Typhoid Fever.*—Through the politeness of Mr. Gliddon, the celebrated Egyptian antiquarian, we have received a letter from Dr. Boudin, chief physician of the Military Hospital of Marseilles, in which he propounds certain questions to the medical practitioners of the United States, in regard to phthisis and typhoid fever, which will soon be presented to them. He appears to be resolutely engaged in collecting certain statistical facts in regard to the localities where these diseases are most common in this country, with a view, no doubt, to comparing them with a similar class of observations made in France.

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*Lunatic Asylum of Tennessee.*—A report was given in October last, by the medical superintendent, to the Legislature. This has really been a favorite institution of the State. Those who have been in Nashville know very well how much it differs from similar establishments in other places in the Union. Why does not some one have the moral courage to picture its condition? The statistics of the report are marked for publication.

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*Longevity influenced by Marriage.*—The origin of the following article is unknown. It is nevertheless characterized by good sense; and the statistical facts which are incorporated with the remarks, are no doubt true. At all events, if any one feels at liberty to controvert any part of the extract, upon good authority, he shall have a hearing.

“The influence of marriage on health and human happiness, is an interesting and important inquiry. As the institution is based on the natural laws of the human constitution, there can be no doubt but that its relations, when properly entered into, are productive not only of happiness, but of a greater increase of health, as well as longevity of life. An European philosopher has recently made very extensive observations on this subject, and collected a great mass of facts which conclusively settle these points. His researches, together with what was previously known, give the following remarkable results. Among unmarried men, at the ages of from 30 to 45, the average number of deaths only are 18. (?) For 41 bachelors who attain the age of 40, there are 78 married men who do the same. As age advances, the difference becomes more striking. At 60 there are only 22 unmarried men alive, for 98 who have been married. At 70, there are 11 bachelors to 27 married men, and at 80 there are 9 married men for 3 single ones. Nearly the same rule holds good in rela-



tion to the female sex. Married women at the age of 30, taking one with another, may expect to live 36 years longer; while for the unmarried, the expectation is only about 30 years. Of those who attain the age of 45, there are 72 married women for 52 single ladies. These data are the result of actual facts, by observing the difference of longevity between the married and the unmarried."

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*Neill on the Nerves.*—Without having devoted much attention to a new treatise on the nerves, by John Neill, M.D., of Philadelphia, author of a recent chart of the arteries, we have seen enough of the plates to be satisfied of their accuracy. In pursuing a series of dissections, these lithographs would be invaluable, enabling the student to identify the individual nerves in almost any part of the body, without additional assistance. Jordan & Co. have it for sale.

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*Medical Department of the U. S. Army.*—From the Surgeon-General's last annual Report, it appears that—

"The number of officers and men remaining sick on the 30th of September, 1844, was 620; and the number of cases of disease which have occurred within the twelve succeeding months, is 22,496; making an aggregate of 23,116 cases of indisposition that have been under medical treatment since the last report. Of the whole number of sick reported, 22,091 have been restored to duty, 14 are on furlough, 163 have been discharged the service, 14 have deserted, and 78 have died; leaving, on the 30th of September, 751 still on the sick report.

"The mean strength of the army for the last 12 months being, according to the monthly returns in the Adjutant-General's office, 8590, and the number of cases of indisposition reported during the same period being 22,496, it will be perceived that the proportion of cases of disease to the number of officers and enlisted men in the service was 2.61 to 1, or that, on an average, each man was sick 2.61 times during the year; that the ratio of deaths to the number of men was as 1 to 110.12, or 0.90 per cent.; and the proportion of deaths to the number of cases under treatment, as 1 to 295.07, or 0.33 per cent.

"A medical board for the examination of applicants for appointment to the medical staff of the army was convened in the city of New York on the 1st of July last. Before this board 15 candidates were invited to present themselves, 10 of whom only appeared and were examined; and of these, but two were approved and recommended for appointment."

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*Massachusetts Medical Society's Publications.*—In answer to a correspondent we are able to state that the following works have been distributed by the Massachusetts Medical Society to its members, viz.:—

Smith and Tweedie on Fever; Pearson's Surgery; Mackenzie on Diseases of the Eye; Copland's Dictionary, 3 vols.; Louis on Typhoid Fever, 2 vols.; Dissertations on Direct Exploration; Louis on Yellow Fever; Green on Diseases of the Skin; Collins's Midwifery; Brodie on Diseases of the Joints; Ashwell on Diseases of Females; Cooper on Dislocations and Fractures of the Joints.

Of the above there now remain in the library copies of Vol. 1, Smith

and Tweedie on Fever, price 75 cents; Vol. 7, Dissertations on Direct Exploration, 75; Vol. 8, Copland's Dictionary (2d Part), 1,25; Vol. 11, Collins's Midwifery, 75; Vol. 12, Brodie on Diseases of Joints, 1,00; Vol. 13, Ashwell on Diseases of Females, 1,00; Vol. 14, Cooper on Dislocations and Fractures of the Joints, 1,50; Vol. 15, Copland's Dictionary (3d Part), 1,25.

It will be seen that there are none of the first volumes of Copland's Dictionary—but an edition has been published in New York, and, if the first volume is found to correspond with the Society's edition, a number of them will be procured and furnished to members at \$1,25.

The superintendent of the Masonic Temple will deliver the books between 12 and 2, daily.

*Rhinoplastic Operation.*—Dr. March, of the Albany Medical College, whose surgical skill is constantly manifested in his clinics before the medical class, has recently performed this operation on a man from Vermont, three fourths of whose nose had been destroyed. A sheet-lead pattern of the flap being placed on the forehead, an outline was made with ink, as a guide for dissecting it. A portion of one of the alæ of the original nose, which had not been wholly destroyed, was partially detached and elevated, to serve as a septum and column for the support of the new nose. The flap was then dissected down from the forehead to a point between the eyebrows, and twisted, but not detached. On one cheek, a groove was made for the reception of one ala; while the other was merely denuded of its skin adjoining the place from which the column was taken. The flap was then nicely adapted to the raw surfaces, and retained by sutures. The column was attached to the apex by sutures, and the nostrils plugged with oiled lint. The wound in the forehead was then dressed, with sutures, lint and compress. The uniting process has now, a week after the operation, been highly favorable.

*Medical Miscellany.*—A Dr. Hatch has been arrested at Philadelphia, accused of robbing an express.—Dr. Scott is Speaker of the House of Delegates in Virginia.—Dr. E. Parmly, Dr. J. D. Russ, and Dr. John H. Griscom, of New York, belong to a society which manifest great benevolence, in looking after the interest of persons arrested as criminals, and also in providing for those who have been discharged from prisons.—Dr. Elijah White, of Oregon, late U. S. Agent of Indian affairs of that far off territory, is the bearer of a recent memorial from the settlers there, to the Government at Washington.—Smallpox prevails so alarmingly in Henderson, Ky., that the courts cannot be held, owing to the fears of jurymen of contracting the malady.

TO CORRESPONDENTS.—A review of Dr. Dickson's Chrono-thermal System of Medicine, one of Dr. Belford's Introductory Lecture, and Dr. Mansfield's Remarks on Vaccination, &c., have been received.

Number of deaths in Boston, for the week ending Dec. 20, 50.—Males 17, females 33. Stillborn, 3. Of consumption, 11—smallpox, 4—infantile, 4—scarlet fever, 1—diabetes, 1—inflammation of the lungs, 2—child-bed, 4—disease of the heart, 1—inflammation of the bowels, 2—intemperance, 1—dropsy of the brain, 1—teething, 1—disease of the liver, 1—hooping cough, 1—typhus fever, 3—syphilis, 1—asthma, 1—convulsions, 1—fever and ague, 1—worm fever, 1—rupture, 1—croup, 1—drowned, 1—unknown, 1.

Under 5 years, 15—between 5 and 20 years, 6—between 20 and 60 years, 25—over 60 years, 4.

*The Philosophy of Medicine.*—Dr. Paine's Introductory Lecture to the Medical Class of the University of New York has been published. It treats of the philosophy of life, of disease, and of medicine, and is written in the wonted vigorous style of the author. A page is here copied.

"Nothing short of an enlightened and comprehensive view of nature, in all her departments, can constitute an able practitioner of medicine. Where one department engrosses the attention, all others are brought hypothetically within that limited compass. It is like cultivating one property of the mind at the expense of the rest. The poet thinks differently from the man of enlightened judgment—the lawyer is prone to sophistry and scepticism—the mathematician is wrapt in abstract truths and deficient in practical business. The history of nature is nothing to the chemist out of his laboratory. In physiology he is like the astrologer amongst the stars.

"Shall I speak of the physician? It is said by Samuel Johnson that he is more apt to cultivate all the powers of his understanding, and all departments of nature together, and that he has, therefore, been more distinguished for an enlightened and comprehensive view of the various subjects for reason, than any other class of mankind.

"Although nature, to the eye of the philosopher, appears in an aspect of astonishing simplicity when he contrasts her forces and laws with the diversity of the phenomena, he does not confound the fundamental principles which distinguish the different departments of nature. The phenomena, also, to every other eye, appear confused, and such as are peculiar to organic beings are mixed up with those of the inorganic. But he who has obtained, by a wide observation of nature, the key to the philosophy of life, lays open at once the apparent secrets of all its results, whether in health or disease. Whatever he sees has its individuality, and stands in relief from all the rest. He knows at a glance from whence this or that springs, how it is related to others, and how to trace the whole directly up to a few simple principles. To all but such an eye, however, the phenomena of life, and more especially of life diseased, appear as does a field to all but a botanist. The common observer sees nothing but a confused assemblage of grasses, and probably will tell you there is but one species, where the botanist will as instantly discover fifty. Each species has, to the latter, a distinct individuality, and he cannot regard them in that state of confusion which is seen by the uninitiated. He has studied each plant, knows its specific characters, its relations to others, its habits, &c. By these modes of observation he has also acquired the knowledge that nature has pursued a common plan of organization, and linked the whole by close analogies throughout the vegetable kingdom. Were the botanist, therefore, to range simultaneously amongst the 100,000 species of plants, he would see nothing but individuality, and the greatest simplicity in the principles upon which the whole are constituted. And just so it is with a philosophical observation of the healthy and morbid phenomena of the animal kingdom."

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*New Medical Works in London.*—On Diseases of the Liver. By G. Budd, M.D., F.R.S.—The Power of the Soul over the Body; considered in relation to Health and Morals. By George Moore, M.D.



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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REVIEW OF DR. DICKSON'S "CHRONO-THERMAL SYSTEM OF  
MEDICINE."

[Communicated for the Boston Medical and Surgical Journal.]

IN the July No. of the New York Journal of Medicine, there appeared a partial review of Dr. Dickson's book, styled "*The Principles of the Chrono-Thermal System of Medicine.*" The reviewer treated the work more as one of those ephemeral fungi which so often shoot out of the body politic of medical literature, "and strait are seen no more," than a work having any claims to serious attention. Shortly after this, an angry kind of notice of the review came out in the New York Courier and Enquirer, censuring the reviewer sharply for summarily condemning the work without a hearing, and claiming for it uncommon merit.

Although we really deem it a waste of time, we must beg pardon of our readers, while we go more fully into the work, and give them a short analysis of what Dr. Dickson calls his "*Chrono-Thermal System of Medicine.*" In doing this, we shall propose to ourselves the following arrangement. 1st. What the author says of himself. 2nd. What he says of others of the profession. 3rd. His theory. 4th. His treatment of disease, interspersing such remarks as may suggest themselves; and here we must beg to observe that we shall not exactly follow in the train of reviewers generally, but begin in the middle and work both ways; and we are not yet certain whether we shall conclude with the last or the first page of the work.

1st. As to what the author says of himself. This, taken in all its bearings and ramifications, constitutes no inconsiderable portion of his book. Without the least hesitancy or apology, we find him, on almost every page, continually obtruding himself on the notice of the reader, in every variety of attitude and on every possible occasion; and often on no occasion at all. Not only are sentences and paragraphs interlarded, but even whole pages are often thrust in, devoted totally to his own matters. On page 36 he introduces himself in these words—

"The first step that I myself made in rational medicine, was to unlearn *all* I had been taught, and that at the beginning was difficult. How I ever came to believe one half the rubbish propounded by medical teachers, I cannot now understand, for the whole doctrines of the schools are a tissue of the most glaring and self-evident absurdities."

How long he remained in this hoodwinked state, he does not say, nor

does he even tell us the length of time required to unlearn all he had been taught ; only, it was difficult walking backwards ; and, paradoxical as it may seem, perhaps if he had been taught a little more, he would have had even less to unlearn—I mean a little more honesty.

Having become fairly unlearned and divested of all scholastic knowledge, and his intellect duly enlightened by the “light of nature,” his favorite light, he condescends to favor us with what he calls the true answer to the question, “what are tubercles?” He says, on p. 61—

“I wish you to consider it [the answer] well : for it is, or I should rather say, it was until I took the liberty of enlightening the profession, totally at variance with their notions.”

How ungrateful we professional men are, for not acknowledging our obligations to Dr. Dickson for the discovery that “tubercles are diseased pulmonary glands.”

By way of enlightening the profession, like a thorough schoolmaster, he occasionally resorts to the rod. On page 69 we find a specimen of this discipline. He says, speaking of Drs. Forbes and Conolly—

“They have taken care to repeat their abuse of me—a sure sign that they still smart under the effect of the castigation they received at my hands.” Bravo.

In cutting up the reviewers, he says, p. 77—

“Some time ago I showed up one of them in a way he will not soon forget.” This was Dr. James Johnson, who reviewed his book ; “and (continues he) a most unlucky business it turned out for him, for were I to tell you how I replied to his criticisms, you would never hear his name mentioned again without laughing.”

The whole of this page and page 78 is made up of such like egotistical flashings. But on page 103 he seems almost in ecstasies with his principles, declaring that, when he perused them in the writings of others, he was tempted “in sentiment” to exclaim with Dennis—“By G—, that thunder is mine.”

It is, however, on pages 122 and 23 that he caps the climax of his transcendent vanity, by setting himself up as the modern “indomitable Luther,” whose example he boasts of following in heaping “invective on invective,” until, as he elsewhere says, he shall “purify the medical atmosphere of some of its present corruption and foulness” ; and “in the course of these lectures [p. 25] I will give you something better than any *human* authority, however respectable.” He appears throughout his work to have had Paracelsus constantly in his eye. In fact, between the two there seems to be *unity* of sentiment and feeling, though differing somewhat in their manifestations. The vanity of Paracelsus was of a sottish cast, while that of Dr. Dickson is more of a raving, flashing order, both equally disgusting to all honorable minds.

Having noticed these fractional parts of his egotistical ravings, we shall now pass on to the second head proposed, namely, *What he says of others of the profession.*

On page 36 he opens his battery of artillery on the profession generally, by saying—

"So far as my experience of [or in?] medical matters goes, few people in these times are permitted to die of disease. The orthodox fashion is to die of the doctor."

On page 54 he says—

"You will now, I have no doubt, be prepared to question the propriety of the usual *murderous* treatment adopted for spitting blood."

Again, on page 57, he says—

"When so many of my profession, and those not always of the lowest class, descend to practices which degrade medicine into the vilest of trades; when, like the Thugs of India, numbers of them silently and secretly enter into collusion and conspiracies for the purpose of inveigling, under friendship's garb, the unfortunate victims who too confidently repose on their honor and integrity, is it not time the too credulous public should be put on their guard?"

In reference to Broussais, he observes—

"So skilled was he in all the arts of scholastic juggling, not only did he parry every blow aimed against his favorite theme by the skin supporters, but he at last obtained for it so great an influence in the sick room, that no patient of importance *could be put to death* legitimately till he had first been called in to prescribe something for the mucous membrane."

Throughout his whole work, fool and physician are words used synonymously. Thus, on page 102, he says—

"It is only a fool or a physician who could be duped for a moment by such puerility, and Lord Stowel was right when he said a man might be both at 40."

His opinion of medical schools is not any more favorable, for these he denounces by the wholesale. We shall notice only one as a fair specimen of his many sweeping aspersions. On p. 103, he says—

"As for the schools, at this very moment, the whole *regime* of medical teaching is a system of collusion and trick—embracing intrigue and fraud of every kind, with the necessary machinery of periodical journals and reviews, by which the masters are enabled to keep down truth, &c."

Pages of similar libellous expressions might be quoted, but enough has been noticed already to sicken any man of honorable feelings. How a class of high-minded young Englishmen could listen to such astounding and scandalous illiberality, we "cannot now understand." We are compelled to honor Dr. Dickson with the title of Prince of Lampooners.

We now come to that in which Dr. Dickson so much exalts his theory, our third head. He begins by condemning as foolery everything in the shape of Nosology. He makes disease a unit, consisting in an increased or diminished movement of the atoms of the brain and nervous system, invariably with a corresponding elevation or diminution of temperature; even if a small part of the brain only is disturbed, its temperature is always correspondingly influenced.

This atomic movement is always primarily universal, proceeding from causes without. There is no primary local disease, except injuries from local violence. All other local diseases are the effect of one general



atomic movement, deranging weakened or predisposed parts. So that disease is a unit, invariably performing in every case periodic movements. So that unity and periodicity are characteristic of every disease, and intermittent fever is the true type of all diseases flesh is heir to, except local injuries. All diseases, then, are modifications, offshoots, twigs or variations, of this one type, this intermittent fever.

Now who does not know that this doctrine of accelerated or diminished atomic movement, unity and universality of all diseases, and development of local affections as effects, is the very doctrine of Dr. John Brown, taught 40 years ago, embracing all the theory of Dr. Dickson, except his periodicity, temperature and type; and these will ere long be settled as sheer humbuggery.

In support of the doctrine of the unity of all diseases, Dr. Dickson quotes Hippocrates, who says "disease is a unit," and that humor must be the cause of all complaints. Dr. Rush maintained the unity of disease, and held that the essence or type of all was vascular excitement. Broussais contended that inflammation of the mucous membrane was at the bottom of nearly all diseases. Hahnemann believed that the type of all diseases was the itch, scrofula or lues venerea—and now comes up Dr. Dickson, and tells us that intermittent fever is the veritable type of all diseases; and that those who think otherwise are fools, knaves and ignoramuses. On page 28 he says—

"If we succeed in proving to you that toothache, asthma, epilepsy, gout, mania and apoplexy, all come on in fits; that all have febrile chills and heats; that *intermission*, or periods of immunity from suffering, more or less complete, are common to each, and that every one of these supposed different diseases may, moreover, be cured by any of the agents most generally successful in the treatment of intermittent fever, popularly termed *ague*; to what other conclusion can we possibly come, but that this *ague* is the type which pervades, and the bond which associates together, *every one of these variously-named diseases*? If, in the course of these lectures, we further prove that what are called 'inflammations' also come on in fits; that the subjects of them have equally their periods of immunity from pain, and that they yield with equal readiness to the same remedial means; who can be so unreasonable as to doubt or dispute that *ague* is the model or likeness—the type of all disease."

Here we must be permitted to use one of Dr. Dickson's common phrases, and ask who can be such a fool as to believe that all inflammations can be cured "with equal readiness" by the remedial means which cure *ague*? And, further, who can possibly be dupe enough to believe that toothache, epilepsy, gout, mania and apoplexy—that "every one of these supposed different diseases" may be cured by any one of the agents most generally successful in the treatment of intermittent fever, namely, bark, arsenic, &c.? He subsequently breaks out in this exalted or rather exulting strain.

"Who taught me that all diseases, however named, and by whatever caused, are intermittent in their character, and that, like the *ague*, all may be cured on the principle of prolonging the intermission by bark, arsenic, &c.?"

Such language is too clear to be mistaken ; " all diseases, however named," are intermittent fevers, and yield to bark, arsenic, &c. Any comment on such absurdity is unnecessary.

To establish the point that the type of all diseases is intermittent fever, he lays it down as a broad fact, that " all diseases " commence with " aguish fits." Now every practitioner knows that very many diseases, even very extensive and severe inflammations, and sometimes general fevers, come on without any aguishness at all. This attempt of Dr. Dickson to make out all diseases to come on with agues or chills, is intended to establish the periodicity of every movement of the body, both normal and abnormal. The discovery of the periodicity of all morbid and healthy movements is that on which he mostly plumes himself, and tenaciously and exultingly claims his own. He extends his theory of the periodicity of movement not only to all vital, but to all physical actions also ; even to all stellar movements, and to earthquakes, tornadoes and hurricanes. The doctrine of unity of action he extends through all nature's works, up to the Deity himself. But he does not claim periodicity for the Supreme Being.

If by periodicity Dr. Dickson means simply exacerbations and remissions, without any reference to regularity of time, we shall not differ from him, for morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high or blow low, or cease blowing ; and once in year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now we have no idea of calling the one or the other of these variations periodical. We have been taught otherwise, and we cannot boast of having yet unlearned it, as Dr. Dickson may have done. Walker, in his Dictionary, defines periodical, " circular, making a revolution, happening by revolution at *some stated* time, regular, performing some action at stated times"—and Brand, in his Encyclopædia, gives the same definition. According to these definitions, what becomes of Dr. Dickson's doctrine of periodicity of all diseases, cancer, gout, stone, curved spine, and all the phlegmasiæ ? Such theory is what we Yankees call a matter of moonshine—a pure creature of Dr. Dickson's heated imagination.

According to the views of Dr. Dickson, disease is a unit ; so also he contends is the *modus operandi* of all medicines. On p. 29 he says—

" So I then thought it time to explain to him, as I now do to you, that the principle upon which these substances can cure and cause disease is *one* and the *same*, namely, their power for good or for evil, as the case may be, of electrically altering the motive state of certain parts of the body, and of altering at the same time their thermal condition."

By thermal condition, he means, we presume, their temperature.

According to his theory all medicines operate through the brain and nerves electrically, and are capable of producing " good or evil." And he afterwards takes not a little pains to prove that arsenic can produce ague and fever, and that all medicines can and have produced every disease they are capable of curing. Opium will sometimes keep one awake, or vomit one ; antimony will sometimes not vomit, but will pro-

duce sleep. These strange incongruities he says were never explained till he unfolded the mystery, and he warns every F.R.S. not to steal his discovery, either wholly or by fragments, for, says he, "I exclusively claim the electrical doctrine of medicinal agency as mine." The great discovery he speaks so loudly of, is this—

"The atoms of the specific portion of the brain of any two individuals, thus oppositely influenced in either case, must be in opposite conditions of vital electricity, negative in one and positive in the other."

Now we call all this vaunted discovery of an explanation mere hypothesis, an opinion, without a shadow of proof. Admitting it to be true, the question arises at once, how are we to ascertain whether the brain of an individual be in a state of positive or negative electricity? And as he has asserted arsenic is capable of producing intermittent fever, and strychnia palsy, how are we to know whether their administration will produce "good or evil," that is, produce ague or palsy, kill or cure, according as the electrical state of the brain may be? To this our great discoverer has not yet discovered an answer. He admits that we cannot tell till we try, and so confesses his ignorance. Moreover, he confirms it by cautioning us to begin with "small doses at first," and "feel our way." He would more emphatically have expressed himself, had he said grope your way along in the darkness I have thrown around you." Such cautious directions, and feeling our way slowly along, come with a bad grace from one boasting of making "short work of disease."

In our own way of prescribing, we have the pulse, the tongue, and a variety of landmarks. But our new light Dr. Dickson strips us of all these, and throws a shroud of electrical darkness around our path, and then directs us to "feel our way" with small doses at first, till we find, by straws, which way the wind blows.

In his theory of the operation of medicines and morbid causes, for they are all one with him, the agency of the fluids is not even once named. What becomes of all our chemical changes in the fluids? Dr. Dickson has not thought these worth even a passing notice.

4th. *Treatment*.—Dr. Dickson divides his remedies into chrono-thermal and symptomatic. The first class of medicines includes all such as relate to time and temperature, as the words signify. They comprehend all the articles of the materia medica, and many that are not there, even as many as the God of nature has placed within our reach. His principal ones, however, are arsenic, quinine, strychnia, prussic acid, iodine, belladonna, copper, iron, silver, lead, &c. &c.

On page 107 he says—

"That attention to temperature is everything;" and on p. 220 he continues, "Well, gentlemen, the proper medical treatment of all diseases comes at last to attention to temperature, and to nothing more. What is the proper practice in intermittent fever? To apply warmth or administer cordials in the cold stage; in the hot to reduce the amount of temperature by cold affusion and fresh air; or for the same purpose to exhibit, according to circumstances, an emetic or purgative, or both combined, with quinine, arsenic, opium, &c. The interval of comparative health, the



period of medium temperature, may be prolonged to an indefinite period, and in that manner may health become established *in all diseases*."

The measures he condemns are bloodletting in all its forms, blisters, setons and issues. For bloodletting he substitutes emetics and cold applications. These are his coolers. He recommends them both in apoplexy and in all manner of inflammations, or at least he would have us believe so; but after all he has said, he knows better. He speaks of all important inflammations except one, and as he could not administer an emetic in that without killing him, or safely omit leeching or cupping, he passes it over in profound silence. It is gastritis. He speaks of "pneumonia and enteritis," coupling them together to the exclusion of gastritis, which clearly lies between them. Now why did he omit gastritis, never once naming it? Evidently because he knew the really safe treatment would be fatal to his new light system. He knew full well an emetic would be a fatal substitute for bloodletting either generally or topically. He who has prescribed for armies of sick must have had many cases of gastritis. His silence on the subject we must call downright dissimulation at least.

We shall now pass from Dr. Dickson's dissimulation to his dishonesty. He calls Dr. Johnson a knave. We shall prove him one, at any rate. On page 84 he says—

"The first resource of the surgeon is the lancet—the first thing he thinks of when called to an accident is how he can most quickly open the flood gates of the heart to pour out the stream of the already enfeebled existence. Does a man fall from his horse or a height, is he not instantly bled? has he been stunned by a blow, is not the lancet in requisition?"

Now he knew all this was actual and wanton falsehood when he penned it; for Sir Charles Bell condemned the practice and set surgeons right on this point 40 years ago, by showing the impropriety of venesection under such circumstances and the necessity of administering cordials. And his editor quotes the very words of Bell, and the true practice as inculcated by him has been taught and followed by all well-read physicians from that time to the present.

Again, on p. 199, he makes out that nobody ever tried emetics but himself in inflammation of the lungs. This he also knew was false; for he was well aware that they were used in this disease by the generality of good physicians.

We have now devoted more time to Dr. Dickson's book than we originally intended; and we can conscientiously say that in the treatment of disease we find nothing new except the banishment of bloodletting, &c., and the more free use of emetics. It is a fact that the lancet has been too freely used; but the error has been correcting some years, at least in this country, where Dr. Dickson's ideas were never heard of. His book contains many hints calculated to benefit the settled practitioner, but in the hands of the junior members of the profession it would be very apt to do great injury. It reminds us of a huge volume found

in the library of Thomas Jefferson, made up entirely of scraps filled exclusively with all manner of invective against himself, out of newspapers.

To conclude, let us now ask what was the motive that moved Dr. Dickson to publish this book? Was it to correct the errors of the profession? We answer, no; for on the title page we find it directed to the people—"The people's edition." It was written expressly for them, being "freed from all technicalities." Now what effect must this work have on the minds of the people? If it have any, it must be a very unhappy one for the profession. It cannot be a therapeutical knowledge adapted to the level of these people, for they could not, without imminent risk of life, meddle with his most common remedies, such as arsenic, prussic acid, &c. The only effect his book can have on them is to cause them to look on physicians as a class of ignorant, misguided murderers, and of consequence to view, in him, their champion, friend and protector—Dr. Dickson, the medical reformer; enabling him thereby to reap a rich reward of honor, fame and fortune from this class of the people.

We shall now say a few words in relation to the editorial matter, and then we shall take our leave of Dr. Dickson's book. On this head we shall be compelled to say that the editor has not attempted to enrich the work by anything more than the addition of a few cases from his private practice. We shall notice only one of these as a fair specimen of his views of chrono-thermology. It is inserted in the introduction, and is instanced as conclusive in establishing the chrono-thermal system. Here it is.

"A lady, in consequence of attending an evening lecture at the Tabernacle, was attacked with violent chills, followed by darting pains in the lungs, severe headache, a rapid pulse, hurried respiration, and all the symptoms of inflammation (so called) of the lungs. Added to this, owing to compunction in having gone out against the advice of a parent, she had a severe nervous or hysterical attack, with sobbing and crying."

Now from the peculiar construction of the phrase "*inflammation (so called) of the lungs*," we may fairly infer that the editor had his doubts as to its being a veritable inflammation of the lungs, and so have we ours, for we have never yet seen unequivocal settled inflammation of the lungs or of any other important organ, complicated with "hysterical sobbing and crying," and very much doubt whether such a complication can exist, but we know full well that hysteria may simulate almost any disease whatever. But let us glance at his chrono-thermal treatment by way of "enlightening the profession," as Dr. Dickson says—

"A sharp emetic relieved the severity of all the symptoms almost at once, and an opiate brought on rest and repose through the night. Peruvian bark and rest were the chief remedies the two following days." Of course she recovered.

Here we would ask, wherein did the treatment of this case differ in the least, from that of all well read practitioners of the day, in cases of violent hysteria? We have seen a most severe case of hysterical opisthotonos perfectly relieved in half an hour by an antimonial emetic. To compose the agitation of the body and mind, an opiate would suggest itself to any practitioner, especially after a sharp emetic had ensured its

happy effect; and again, what more common as a tonic in all cases of hysteria, than "Peruvian bark"?

On the other hand, suppose the case to be one of real inflammation of the lungs. It was in its early or rather forming stage, and what is a more common and proper prescription than an emetic to break up morbid concentrations, to reduce vascular excitement and to throw open the capillaries? Nothing; and again, what is more customary as a sudorific, than an opiate, with proper concomitants? By these means scores of similar cases have been cut short by every practitioner of much experience. As for the Peruvian bark, under this view of the case, it must have been administered chrono-thermologically, to prevent a recurrence of another paroxysm or fit of——disobedience.

His other cases are few and unimportant; and we regret to see so worthy a man enlisted in the cause of humbuggery or popular delusion so abundant in this our day.

J. F.

#### PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send the following case for insertion in the Journal, or to be disposed of otherwise, as you deem proper.

Respectfully yours,

Brighton, Dec., 1845.

ISAAC G. BRAMAN.

On the 23d of November I was called, in great haste, to see Mrs. —, aged 23, of a plethoric habit, bilio-sanguineous temperament, and at the close of utero-gestation. On my arrival, at 8, A. M., I found her in bed, lying upon her left side, in a comatose state, with stertorous breathing, foam issuing from the mouth, and a sputtering of the lips at each expiration. It appeared she had just had a convulsion.

The account given me by her husband was this. He was awakened at half-past 5 by his wife, who complained of some pain in the head. He proposed sending immediately for me, at which she demurred, thinking it would soon pass off. In a short time he fell asleep, and in one hour after, when he again awoke, she was quiet. He then left her for a few moments, and upon returning found her unconscious, exhibiting somewhat the same appearance as now. A convulsion again occurred, and was succeeded by others at intervals of ten or fifteen minutes.

The patient having resided but a short time in town, I had no previous knowledge of her condition or health, but was informed the latter had been uniformly good. During gestation her appetite was vigorous, and she indulged it freely. She had exercised but little, and costiveness was a source of much inconvenience. Consequently the bowels were loaded, and all this, without doubt, had no inconsiderable agency in bringing about the present state of affairs.

The indications in the case were quite clear. The bowels must be evacuated, blood abstracted, and general plethora removed. The first was accomplished by enemata, the patient's state being such as to render



the administration of much medicine by the mouth impossible. From these were procured copious dejections of bile and undigested food. A vein was opened in the arm, and a small quantity of blood obtained, when it ceased to flow. Convulsions, however, ceased for a time, and the patient became sufficiently calm and conscious to swallow a portion of ol. ricini and bals. copaib.

Some uterine action being present, I made an examination *per vaginam*, and found the fundus of the womb pressing low down, and the os uteri, tilted up high and far back, sufficiently dilated to admit the finger. I hoped now that labor would proceed, and the case have a favorable termination; but I was disappointed. After an hour or more of amendment, she had a convulsion of great severity. I immediately tied up the arm and abstracted more blood, proposing, at the same time, that Dr. W. Channing, of Boston, should be sent for in consultation. While the messenger was absent, she had severe convulsions, lying in the intervals totally unconscious, and breathing like a person in apoplexy. At 2, P. M., Dr. Channing arrived, and advised to further bleeding, which operation he accordingly did, taking away  $\frac{3}{4}$  xxiv. from a free orifice. Pains soon became more active, and at 3, P. M., the head was in the inferior strait. Convulsions, however, being frequent and severe, Dr. C. applied the forceps. The child breathed feebly, and efforts were made to rally it, but they were ineffectual, and it died in half an hour.

The patient remained insensible, but breathed more freely until half after 4, shortly after Dr. C. left, when another convulsion occurred, and from that time they were continued through the night at intervals of an hour and less. It seemed as though each succeeding one was more severe. At 12, I applied one dozen leeches to the head, and soon placed ten gr. sub. m. hyd. upon her tongue, and directed cold senna tea to be given when possible. She also had enema of assafœtida in mucilage of gum Arabic.

24th. 6, A. M.—Has had 33 convulsions, 21 of which were since confinement; is now much prostrated; unfavorable termination expected. Consulted Dr. Channing, who advised blisters to back of the neck and inside of the leg.

12, M.—Two convulsions since morning, which I did not see. Nurse thinks they were more severe than any previous. Is, however, more calm. Has been able to take the senna tea; bowels moved freely; blisters beginning to draw.

9, P. M.—Calm. Sleeps some. Skin moist, but is unconscious. Swallows some gruel.

25th. 7, A. M.—Is somewhat conscious. Appears at times to know her husband and the nurse; pulse falling; tongue and skin moist. 9, P. M.—Much the same.

12½.—Was called to see my patient. Found her considerably excited. Has not slept; is somewhat thirsty; pulse accelerated; bowels, however, are not tender; lochia present. R. Elixir opii gtt. xl. Take this now, and twenty drops each succeeding hour should it be necessary. Let her have a fœtid enema.

26th. 7, A. M.—Has had no sleep; is still excited. Nurse says there has been some *subsultus tendinum*. Sees unpleasant objects upon the walls and curtains; thinks she shall die. Pulse 120, and firm; tongue moist; coat diminishing. R. Sub. m. hyd., gr. x. In three hours a portion of ol. ricini and bals. copaib. 3, P. M.—More calm; no subsultus; some thirst; pulse 120. Was seen by Dr. Channing, who suggested R. Nit. pot., ʒj.; syr. aurant, ʒ ss.; aquæ, ʒ vss.; tart. ant., gr. j. M. One tablespoonful each four hours.

9, P. M.—Some tenderness just above the pubis. Apply a mustard poultice. Continue medicine, and let her have an enema.

27th. 9, A. M.—Saw her with Dr. Channing. Has had free evacuations from the bowels; tenderness gone; lochia abundant; some milk in the breasts. 9, P. M.—Much the same.

28th.—More comfortable in all respects.

It is perhaps unnecessary to report this case further. Suffice it to say, that the improvement from this time was gradual but sure, and at the date of this communication she is in perfect health.

#### LATIN MEDICAL PRESCRIPTIONS.

[THIS is the way that Douglass Jerrold, the living wit, speaks of the medical profession. He makes himself merry over the practice of physicians, who persevere, against their own and the combined judgment of competent lookers on, in making prescriptions as unintelligible as possible. Some of the most distinguished practitioners of England are giving the praiseworthy example of having their prescriptions in plain English, which every apothecary's boy can understand. No mistakes are made like that of putting up arsenic for cream of tartar, when one's vernacular tongue is the guide. A few are attempting to revolutionize the language of prescriptions here, but without much vigorous effort. But to the extract from Jerrold.]

It is impossible to deny that there is some tough reading in the world. Egyptian hieroglyphics puzzle most people—Etruscan inscriptions cannot be read by those who run—and—to ascend from antiquity upwards—even the contemporary pot hooks and hangers wherewith John Chinaman labels his tea boxes, are by no means lucid in their signification. But neither sculptured stones from Egypt—nor vases from Etruscan tombs—nor tea boxes ornamented with the most mystic devices of China ink—are more obscure in the tale they would tell than the little slips of paper which the doctor tells us to carry to the apothecary, and, on the “shut our eyes and open our mouth” principle, swallow the mysterious substances, solid or fluid, represented by the equally mysterious writings in question.

But the medical profession is a learned profession, and its members use Latin because Latin is a learned language. We should like to hear a few “general, practitioners” indulging in a quiet chat on Sir James Graham's new Medical Bill, or on mesmerism and homœopathy, in the vernacular of the Cæsars. We should see how deep the learned profes-

sion was in the learned language. But who says that doctors write Latin? Their Latin is no more Latin than it is English; they have only half translated the tongue they employ; they have taken it out of English without putting it into any other language in particular. Our Sangrados, too, add insult to injury—they make us swallow their nasty stuffs, and call them by barbarous names to boot. They insist upon their Latin being as horrid as their drugs; not only is the draught nauseous to one species of taste, but the formula under which it is administered must be revolting to another.

But bad Latin is not our principal objection to our friends of the College of Surgeons and Physicians. Even if they could write Ciceronian prescriptions, which they can't, or, at all events, won't—we ask, what would be the *cui bono* of doing so. We are not Romans, but Englishmen. Write as you speak. You ask us to put out our tongues, and to let you feel our pulse, in plain English; you find the one too white, and the other too fast. Why don't you tell us the names of the drugs we must swallow, to restore the fine red of the one, and moderate the jog-trot of the other, in plain English, too?

Gentlemen, "Medicine-men," or "Mystery-men," as the Ojibbeways and their red brethren of the wilderness call you; there has been from time immemorial a considerable quantity of humbug in your profession, the still existing remnants of which we would fain see purged off. In times of yore, when people called you leeches and chirurgeons, you added a good many of the tricks of the juggler to your legitimate craft. You were then the prime professors of alchemy, of astrology; the principal conjurors and magicians of the olden time, ere the advent of Herr Dobler and the Wizard of the North; you masqueraded in flowing robes and long beards, and carried white wands like the stewards at a charity dinner; you used a mysterious jargon, both in your medical and your surgical practice; you applied one to aid you in carrying on the other; you had sympathetic powders, and charms and enchantment; you worked both by spell and pill; *hax, pax, max*, was an old medical charm against the effect of a mad-dog's bite; the not very dignified syllables of *och, och*, you held to be able to perform cures, to accomplish which sulphur ointment has obtained a more modern celebrity. Long ago, however, you gave up reading your patients' symptoms and chances in the stars, and you now look for the legitimate reward of your learned labors rather to guinea fees than to the mystic riches of the crucible. So far so good. You have in a measure kept pace with the world which is moving on around you; but still in some respects you are lagging; still you have a longing for that veil of mystery, which once hung, awe-inspiring, around you; still in your prescriptions live the embers of your former secret fires; still, in ordering a simple pill or a soothing draught, do you fondly hug the glory with which the *omne ignotum pro magnifico* invests you. Of the old mystic formulas you still have a fond recollection. Gentlemen, your faith in spells is not yet quite at an end. In ordering a dose of salts, your *sulph. mag.* corresponds to the ancient *och, och*. We never see a prescription setting forth the necessity of beginning next



day with a dram of castor oil, the neat and appropriate sentiment couched under the dim phraseology of *ol, ric. cras. mane*, without thinking with great tolerance of the days when *hax, pax, max*, and similar luminous and useful sentences, were in great vogue and vigor.

Drop, then, we beseech you, the last links which connect science with nonsense—the Doctor with the Diddler family; rhubarb will do as much good when ordered in English as in dog Latin; senna is not a bit more agreeable as *Sol. Sen.*; nor cream of tartar as *Bicar. Pot.* Apothecaries can understand “to be made into a draught,” just as well as *Fiat Haustus*; and even the most ignorant will not require more spelling over “the mixture to be taken at bed-time,” than they would to read and understand *Mist. hora somni*.

#### SUNLIGHT AND HEALTH

[CHAMBERS'S Edinburgh Journal abounds with admirable papers, occasionally on matters of essential importance to mankind would they heed the admonitions. Read this.]

Turning now to the animal economy, we find growth, health and development also curiously affected by the absence or presence of the solar influence. Dr. Edwards has shown that if tadpoles be nourished with proper food, and exposed to the constantly renewed action of the water (so that their tracheal respiration may be maintained), but are entirely deprived of light, their growth continues, but their metamorphosis into air-breathing animals is arrested, and they remain in the form of large tadpoles. He also observes that persons who live in caves or cellars, or in very dark and narrow streets, are apt to produce deformed children; and that men who work in mines are liable to disease and deformity beyond what the simple closeness of the atmosphere would be likely to produce. It has been stated, on the authority of A. Wylie, that the cases of disease, on the dark side of an extensive barrack at St. Petersburg, have been uniformly for many years in the proportion of three to one on the side exposed to strong light. Further, Dupuytren relates the case of a lady whose maladies had baffled the skill of several eminent practitioners. The lady resided in a dark room (on which the sun never shone) in one of the narrow streets of Paris. After a careful examination, Dupuytren was led to refer her complaints to the absence of light, and recommended her removal to a more exposed situation. This change was followed by the most beneficial results; all her complaints vanished. The more, therefore, that animals are exposed to the influence of light, the more free are they, in ordinary circumstances, from irregular action and deformity.

[A Richmond paper, in extracting and commenting on this, thus remarks.]

In another part of the article, it is shown that heat and light alone, without the solar radiation, will not suffice for the health of vegetables or of animals; else the artificial fires and lustres of our apartments would have that effect; but they do not. An indispensable agent is actinism.

Now, do not the foregoing facts prove the unhealthiness of changing night into day, as many of our fashionable and semi-fashionable, studious and pseudo-studious people do? The unhealthiness of wasting in bed the bright and bracing hours of early morning, when nature bids us be out of doors digging, or walking, or riding? Is not the balefulness of dark rooms made palpable? Draw aside those curtains—open those window-blinds, thou sluggard, and let Aurora and the sun, looking full into thy chamber, shame thee forth, if they cannot charm thee forth, to inhale strength and health in those best and most beauteous hours of the day.

### POISONING BY URINE.

By G. F. Collier, M.D.

THE following curious and instructive case abounds with matter for reflection, and it is especially worthy the consideration of those chemical physicians of the present time who are enthusiastically sanguine in their expectation of discovering the “*sons et origomali*,” and, by consequence, the curative or palliative indications, by reference to a patient’s secretions; and who confidently pronounce on the abnormal wear and tear of a man’s cerebrum, by noting the morbid excess of phosphorus (a cerebral element) in his urine.

The case becomes additionally interesting, and, as I think, valuable, by the circumstance of its having been tested by the lapse of eight years. I shall offer no theories, no conjectures. I think it speaks for itself.

December 13th, 1838.—Thomas P——, of Turnham-green, aged 34, a day-laborer working on the roads, presented himself for advice, having for some days been afflicted with a dropsy. His face is very much swollen; and the anasarca generally more prominent in the upper, than in the lower, parts of the body. He says, that until now he scarcely knows what it is to be ill; that at, and since, the fall of the leaf he has had a troublesome eruption to which he had been many years occasionally subject; as it lasted longer than usual, he was advised by an old woman to drink his own urine for nine days, taking early in the morning, on a fasting stomach, precisely the whole quantity voided on going to bed; says that he got through the nine doses, but thinks he began to swell before he had finished the course; he has fluid in the abdomen, and in the parietes of the chest and belly, swelling, however, greatest in the upper parts: the urine is scanty, thick, deep brown, and very offensive; he has a heaviness of the head, increased on stooping, and his own words are, that he feels too heavy for work, having neither his usual warmth nor life in him; he has little thirst; his pulse is under 90; his countenance pale, and its expression heavy and vague; he walks with a stick, because, he says, he feels the want of support; he has not been unusually exposed to cold or to wet, and is of temperate habits; the urine is not albuminous; he loses his breath if he walks quick, and is obliged to stop. Deeming this case to be due to the poisonous impression, or to

the ingestion of the urine by endosmosis into the circulation, I ordered a smart purgative of calomel and colocynth, and afterwards six pills of calomel, squill and digitalis, with heath-broom tea. The water was all dispersed, and the man back to his work within ten days; he required no repetition of the medicine; the urine did not pass as it was used to do before this illness, till the ninth day.

Nearly eight years have elapsed, and this man has never since been ill a single hour. He still works on the road at Turnham-green, and is known as a steady industrious laborer; he now lives in Fisher's-lane. I shall not pronounce whether this dropsy ought to be referred to the ingestion of the urine merely, or to the damage done to the innervation by its contact with the tissues. The late Dr. Fox, of Plymouth, has recorded a series of cases of anasarca, produced by part of the crew of a vessel hiding themselves from a press-gang, by allowing themselves to be buried in salt. The bite of a rattlesnake will produce dropsy; so will that of the viper; and so will bad unwholesome food. I have known a single debauch as the last link to produce the same effect.—*Lon. Lan.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1845.

*Spectral Vision.*—Last week's Journal contained one of the most curious papers on illusive vision, perhaps, on medical record. We enjoin it upon Dr. Abell to furnish further communications on the same subject, assuring him that in doing so, he will subserve the interests of science. The philosophy of vision is still in its infancy; and Dr. A. may do something towards furnishing materials for its advancement.

A gentleman of this city, known for his intelligence and enterprise, for years past has been entertained with a singular spectral visitor whenever he enters a certain gate in front of a relative's house on Washington St., bordering on Roxbury. He is met by a large, full-faced, florid-complexioned man, dressed in a broad-brimmed white hat. This occurs at all hours of the day. The spectre recedes from him as he advances, and near the front door is lost in air. He assures us that he takes pleasure in looking his intangible visitor full in the eye—examines the color and cut of his garments, and now regards him as an old, familiar acquaintance. The gentleman is not conscious of having defective vision. It is evident that a morbid action takes place in his brain, through its connection with the optic apparatus—and that the spectre is reproduced by local causes existing at the gate, which cannot yet be explained.

*A Treatise on Corns and Bunions.*—This is a useful publication on a matter that is of considerable consequence to all exceedingly fashionable communities. It is only where tight shoes, stiff boots, and an unrelaxing persistence in the modern vice of dressing the feet improperly, prevail,



that corns, bunions and difficulties of the nails occur. The feet of all inhabitants of cities are more or less distorted. The toes are pressed out of place, ride one upon another, and suffer immensely and wholly unnecessarily. All these maladies, which make some parts of life very miserable, commence, ordinarily, in childhood, through the thoughtlessness or pride of parents. A neatly fitting shoe is the admiration of most persons; yet, when the foot is expanding and enlarging in accordance with a law that influences all parts of the body, whenever the shoe is tight it becomes a source of irritation and should be thrown aside. While the feet have ample space for moving the toes with freedom, corns are rarely developed. Wherever the pressure is a source of disturbance to the skin over the phalangeal articulations, a rebellious inflammation ensues, and a corn rises up at the tender point, in the character of a never-sleeping sentinel, to guard the abused member from further annoyance. So long as the source of offence remains, the more acutely sensitive is the corn. If all pressure is taken off, no further molestation exists, till there is a re-application of the old disturber. All this is common knowledge, which requires no further explanation. With this treatise in hand, there is a possibility of mitigating the violence of pain, and it is quite possible to be tolerably comfortable, from one pairing time to another. It is idle to indulge the idea of eradicating the corns till all covering for the feet, harder or less elastic than doe skin, is forever abandoned. Dr. Lewis Durlacher, *surgeon chiropodist, by special appointment*, to the Queen, may cut and carve these vexatious excrescences to admiration—but we have no confidence whatever in any course short of going barefooted, all the science of this great toe-cutter to her Majesty to the contrary notwithstanding. Were it not one of the most respectable essays extant, on the subject, it is quite certain it would not have been republished by Messrs. Lea & Blanchard, of Philadelphia. The book contains thirteen chapters, in which are considered the cause and growth of corns; hard ones; callosities; soft corns; festered ones; neuro-vascular corns; vascular excrescences; bunions; diseased nails; warts, chilblains and general management of the feet. Messrs. Ticknor & Co. have copies on sale.

*The Progress of Medicine.*—On the 17th of October, Dr. E. Emmons, of the Albany Medical College, opened the lecture term by an introductory discourse. The students requested it for publication, which is an evidence of the estimation in which the professor is held. Dr. Emmons has a reputation for profound attainments in the sciences, which in Massachusetts, certainly, he has fully sustained. Geological researches seem not to have interfered with his progress in the various departments of medicine, if this lecture is a fair chart of his enterprise. Without advancing essentially any new doctrine, he plainly shows what has already been accomplished, what remains to be done, and the process by which a young physician may become both learned and useful. From the unpretending nature of the address, unless read with fixed attention, some of its finest points would not be discovered. As this is the commencement of a new effort by the chair of Obstetrics and Natural History, the Faculty may hereafter calculate upon his services in organizing for the season, with an expectation of brilliant success. Report speaks well of the Albany Medical College. The enterprise of the professors is proverbial, and consequently the elements of thrift are there.

*Surgeons for Merchant Vessels.*—Were the owners of regular lines of packets from the United States to Europe, and all distant ports in other parts of the world with which there is necessarily a constant and increasing commercial intercourse, to have a medical man permanently connected with each vessel, it would be hailed with eclat. One of the advantages in going from Boston to Liverpool in the English steamers, is the security of medical advice and personal attention, free of charge, when overtaken by sickness or accident. Return voyages, in sailing vessels, are always tediously long—and hence the necessity is more urgent for having a physician on board. Even vessels for India, from this country, never take one—which is a gross mistake in the owners.

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*Moral Integrity—The New York Medical Intelligencer.*—Dr. Meiklerman, editor of a new Journal called the New York Medical Intelligencer, having ascertained that the publication cannot be sustained, announces his desire, by a circular, that persons who have paid in advance should have their money refunded. This redounds greatly to Dr. Meiklerman's reputation, and should be remembered by those who have it in their power to aid genius and patronize those who present such an example of honest and upright dealing. The Journal about to expire, was principally a reprint of interesting medical matter from foreign journals.

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*New Midwifery Instruments.*—Mr. Burnett, of this city, in Tremont Row, has had made several sets of Dr. Smiley's newly-devised forceps. The fulcrum is moveable, which is the important feature in them. Gentlemen having an interest in the subject of new instruments, especially those extensively employed in midwifery, should look into the principle of these, and if they are superior to those in use from immemorial time, let them have a fair trial.

It pains us to learn that the ingenious inventor, whose mechanical ingenuity in the construction of various instruments in modern surgery has so often been referred to, is in a very low state of health.

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*Medical Supplies for the U. S. Army.*—The expenditures for the medical and hospital department of the army during the last fiscal year have been, like those of the immediately preceding year, comparatively very small.

Everything in the way of remedial agents, and all the hospital stores, bedding, &c., both as to variety and extent of supply, essential to the comfort and convenience of the sick man, have been furnished to the sick and invalids of the army; yet the expenditures for medical and hospital supplies for the last fiscal year did not exceed \$13,690 50; which sum divided among the 8,639 men (the mean strength of the army during the same period), will give \$1,57 4-10 per man per year, or 4 3-10 mills per man per day, as the regular outlay for medical supplies *proper* to the sick of the army.—*Dr. Lawson's Report.*

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*Fossil Giant Skeleton in Tennessee.*—Paragraphs have been circulated extensively in the newspapers, declaring as a fact that the fossil skeleton

of a human being, between seventeen and eighteen feet high, had been discovered near Franklin, Williamson Co., Tenn., in a cleft of the rocks. We have taken special pains to ascertain all that is worth knowing on the subject, and now present the result of our inquiries. It has been said that the physicians of Nashville had examined the bones, and declared, unhesitatingly, that they were the remains of a colossal human being. It was rating the anatomical knowledge of the profession in that city, very low, indeed, to append such an atrocious misrepresentation to the story, when, in reality, they were the very men who have given a different and true version of the matter. An eminent citizen of Nashville, whose scientific attainments give us perfect confidence in his ability to decide any problem in comparative anatomy, writes to us thus:—

“I have had an opportunity of seeing them (the bones) reared up perpendicularly, capped with a huge *wooden head*, and having a *wooden pelvis* and *wooden ribs*—and defects of the extremities supplied with wood, to suit the fancy of those who suppose they must be human bones. The way the figure stands up, seventeen or eighteen feet high, resembling the human skeleton, is well calculated to excite the wonder and admiration of the vulgar. But, sir, you may be assured they are not human bones, nor do they more resemble them than those of many other quadrupeds with which you are familiar. They are certainly of enormous size, and present some peculiarities which will no doubt prove interesting to naturalists.”

Our impression is, that these fossil bones are those of some formidable reptile. However, the very moment they are ready for exhibition, there are men of skill in palæontology, to decide not only what fossil animal they belonged to, but the geological epoch when it existed. There is a disposition manifested of late, by pseudo-naturalists, to impose upon the world with fossil remains, by giving them arrangements and positions which they never had in nature. Those who have seen the *Missourium*, and more recently, the far-famed *Hydrarchos*, which five weeks ago was rearing its lofty head over the top of the cornice in the Horticultural Hall, in this city, while its imaginary tail, like a piece of country stone fence, stretched off one hundred and fourteen feet in the distance, will appreciate the value of these remarks.

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*Paralysis of the Portia Dura, produced by Tobacco Smoking.*—Mr. Smith, of Sheffield, records two cases in the Provincial Journal, of this affection. He attributes the paralysis to the sedative action of the tobacco smoke, and remarks that:—

“He is not aware of any case of paralysis of the portia dura on record having been attributed to the use of tobacco; nor, indeed, does he remember seeing an account of any case of paralysis, which has been imputed to this cause. Still he thinks a result of this kind, is quite in keeping with what we know of the physiological properties of the oil of tobacco, and is an effect which, *a priori*, reasoning upon them would lead us to expect. It is reasonable to suppose, that the practice of volatilizing so powerful a sedative poison, and applying its vapor to the lining membrane of the air passages, should produce derangement of the nervous system, varying in intensity according to its greater or less dilution with atmospheric air; and that, therefore, on the nervous fibrils proceeding from the mucous membrane of the mouth, a situation where the vapor must be com-



paratively concentrated, the effect should be most considerable. The sedative operation of tobacco has also been found by experiment to be exerted chiefly on the motor system; and it is quite in accordance with our knowledge of the nature of reflex action, that an impression of any sort, although immediately acting, as in this case, upon a sensory nerve, should be conveyed through its medium to the corresponding motor nerve."

*Ætiology of Diseases of the Heart.*—"Dr. Flogel thinks that among the determining causes of cardiac diseases, immoderate, long continued, or even only momentary bodily efforts, especially of the muscles of respiration, of such kinds as interfere with the free performance of respiration, have not received the attention which their importance deserves. He gives five cases in which the patients referred their cardiac symptoms to muscular efforts, and insists on the importance of these facts in reference to prophylaxis."—*British and For. Med. Review.*

*Medical Miscellany.*—Dr. Cornell's specimen No. of the Monthly Miscellany and Journal of Health, is accompanied by a beautifully-executed view of Boston Common.—A medical student, from Vermont, has been arrested in New York, because he had two anatomical subjects.—One Maxwell, in England, has run 11 miles in 17 seconds less than an hour.—Smallpox was represented last week, by the physicians, to be more prevalent than ever in the outer districts of Philadelphia.—An aged woman, in Dr. Fuller's practice, having dipped a needle in virus, to vaccinate a child, thrust it into her own mouth, while preparing the patient, and pricking her tongue, had a finely developed pustule on its very extremity.—A man died the other day, in New Jersey, in consequence of the bite of a hog, in the hand.—A Dr. Waterman, of Buffalo, has been tried and convicted of robbing a grave, and sentenced to the State Prison for three years—which is absolutely barbarous.—A colored man died in Maryland, lately, at the age of 112. At Bladen Co., N. C., Wm. Prigden, 123 years old.—In Philadelphia, week before last, 24 deaths occurred by smallpox; and last week, in Baltimore, 17 died of the same disease.—It is said in the New York Observer, that when wounds are made in the feet or other places by rusty nails, which always threaten lockjaw, if a piece of copper or a common cent is placed in contact with the incision and bound on, speedy relief follows.—A Mrs. Ward recently died in Kentucky, at the age of 110.

TO CORRESPONDENTS.—Dr. Tabor on Tobacco, and Dr. Stone on Diseases of the West, have been received. Several papers, before acknowledged, still remain unpublished. We cannot always insert communications in the order in which they are received. Sometimes the length of an article, and sometimes its subject, prevents this—as it is desirable to avoid too many long articles in the same No., as well as a want of variety in the subjects of shorter ones.

MARRIED.—Dr. S. F. Gladwin, of Lowell, Mass. to Miss M. E. Wilkins.—At Greenville, Penn., Dr. Frank Connton to Miss E. H. Hastings, of Mass.

Number of deaths in Boston, for the week ending Dec. 27, 51.—Males 25, females 23. Stillborn, 4. Of consumption, 12—erysipelas, 2—old age, 1—debility, 1—dropsy of the brain, 6—inflammation of the throat, 1—typhus fever, 2—infantile, 5—intemperance, 2—accidental, 5—croup, 2—inflammation of the bowels, 1—dropsy, 1—hooping cough, 1—lung fever, 2—disease of the heart, 1—throat distemper, 1—smallpox, 2—disease of the liver, 1—convulsions, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 23—over 60 years, 4.

*Register of the Weather at Middlebury, Vt.*—Dr. J. A. Allen, of Middlebury, Vt., observes, in a private note, that he has taken much interest in the meteorological register kept at the State Hospital, Worcester, Mass., by Dr. Woodward—and moreover it has gratified him to find such a striking similarity in the registers kept at Worcester and Middlebury. The two places are at about the same elevation—the barometer varying not more than three or four hundredths. The thermometer shows a greater disparity. When the wind is northwest at Worcester, it is north at Middlebury. This is probably owing to the Green Mountain ridge turning the current up the Champlain valley. It might be supposed that Dr. Allen's extensive professional engagements would prevent him from keeping a regular and systematic register. His time, however, is so methodically laid out, that he is generally at home at sunrise and at 9 o'clock, P. M. The following is a table for the month of November.

| Lat. 43° 49' 51". |                     | Long. 3° 57' East. |    | Elevation 500 ft. |  |
|-------------------|---------------------|--------------------|----|-------------------|--|
| 1845.             | Barometer.          | Thermometer        |    | Wind.             |  |
| Nov. 1.           | From 29.05 to 29.27 | From 54 to 62      |    | S.                |  |
| 2.                | 29.05 29.20         | 43                 | 57 | N W.              |  |
| 3.                | 29.00 29.05         | 56                 | 62 | S.E.              |  |
| 4.                | 29.02 29.06         | 54                 | 58 | S.W.              |  |
| 5.                | 29.00 29.19         | 40                 | 50 | S.E.              |  |
| 6.                | 29.23 29.30         | 40                 | 58 | S.E.              |  |
| 7.                | 29.26 29.30         | 42                 | 56 | N.W.              |  |
| 8.                | 29.25 29.27         | 40                 | 44 | S.E.              |  |
| 9.                | 28.83 29.97         | 38                 | 41 | N.W.              |  |
| 10.               | 28.75 29.16         | 32                 | 44 | N.W.              |  |
| 11.               | 29.25 29.40         | 34                 | 44 | N.                |  |
| 12.               | 29.45 29.55         | 28                 | 38 | N.E.              |  |
| 13.               | 29.30 29.54         | 34                 | 44 | S.E.              |  |
| 14.               | 29.11 29.20         | 42                 | 52 | S.E.              |  |
| 15.               | 29.38 29.49         | 32                 | 41 | N.W.              |  |
| 16.               | 29.14 29.26         | 34                 | 48 | S.E.              |  |
| 17.               | 29.38 29.45         | 33                 | 44 | S.E.              |  |
| 18.               | 29.30 29.44         | 48                 | 53 | S.E.              |  |
| 19.               | 29.15 29.28         | 44                 | 50 | S.W.              |  |
| 20.               | 28.98 29.17         | 43                 | 59 | S.E.              |  |
| 21.               | 28.95 29.16         | 34                 | 40 | N.W.              |  |
| 22.               | 29.30 29.42         | 34                 | 48 | W.                |  |
| 23.               | 29.04 29.16         | 34                 | 44 | S.W.              |  |
| 24.               | 29.55 29.71         | 20                 | 38 | N.W.              |  |
| 25.               | 29.73 29.79         | 24                 | 34 | S.                |  |
| 26.               | 29.56 29.80         | 34                 | 44 | S.E.              |  |
| 27.               | 28.93 29.30         | 32                 | 42 | N.E.              |  |
| 28.               | 29.39 29.72         | 15                 | 34 | N.W.              |  |
| 29.               | 29.94 30.04         | 11                 | 29 | N.W.              |  |
| 30.               | 29.78 29.96         | 25                 | 28 | S.E.              |  |

The eleven first days of November were cloudy, and of these, six were stormy. Of the remaining nineteen days, two, the 27th and 30th, were rainy. The others were remarkably pleasant and delightful. Much rain has fallen, and the swamps and springs are well filled with water. The barometer has ranged from 28.75 to 30.04. The thermometer has ranged from 11 to 62. Observations have been made four times a-day, viz., at sunrise, at noon, at sunset and at 9 o'clock in the evening.

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## PUERPERAL CONVULSIONS, WITH THE DETAILS OF AN INTERESTING CASE FROM OVER-DISTENSION OF THE UTERUS.

By Stephen W. Williams, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few cases, in the practice of our profession, which cause more anxiety and alarm to the physician and the attendants, and none that are attended with more real danger, than puerperal convulsions. They frequently attack patients apparently in the bloom of health, for pregnancy cannot be called a disease, with high and ardent hopes and expectations of connubial love resulting from the birth of the fondly expected offspring; and in an unsuspected moment their hopes are blasted, and frequently the mother or child, or both, are consigned to inevitable death by an attack of this Protean complaint. All writers on obstetrics agree that this is a most formidable and alarming complaint, and whoever has seen a case of it can never forget it.

CASE.—On the 2d of July, 1845, I was called, with Dr. Hovey, of Greenfield, to Mrs. F., aged 17 years and 6 months, who was then in the seventh or eighth month of gestation. She was short of stature, but *very* large in circumference. Probably she had not attained her full growth. She was attacked with labor pains about a week before, and summoned her physician, but her pains soon subsided, and he left her. On the 1st of July she was again attacked with labor pains, and excruciating pain in her head. Dr. Hovey was again called in the night; her labor pain, however, again soon subsided in a great measure, but about 6 o'clock in the morning she was attacked with a severe fit of puerperal convulsions, which lasted several minutes. Dr. Hovey immediately bled her, and examined the uterus and found it not at all dilated. He immediately sent for me, and I arrived at about half past seven in the morning. In the mean time she had another fit. I examined her and found the uterus not in the least dilated, and as she was rather restless I advised a full dose of morphine, as she had been pretty freely bled, hoping thereby that such a state of quietude might be induced that she would be able to go on to the full period of utero-gestation. Twenty-five drops of a saturated solution of sulphate of morphine was given, which soon brought on a calm sleep. Dr. Hovey now requested me to take the sole charge of the patient, as he stated that neither his health nor his business would



allow him to attend upon her. With the consent of the family I took that charge, and Dr. Hovey left her. As she lay in a quiet sleep, I left her with the intention of being absent about two or three hours to visit some other patients. I had not rode more than a mile before I was overtaken by a messenger in great haste, stating that she was again in a fit. On my return I found she had just come out of it. I again bled her freely, and ordered warm enemias, as she had not been able to swallow since the last fit, and directed cold applications to her head. I examined the os uteri again, and again found it undilated in the least possible degree. As I observed above, she was very large, and the uterus, as felt through the abdominal muscles, was as hard as a board. No scirrhus tumor ever felt harder. Her fits continued at intervals of from an hour to an hour and a half, during the day and night, and all I could depend upon was the use of enemias and fomentations. Dr. A. F. Stone, of Greenfield, was now called in consultation, and he and I remained with her several hours, when he left her, and expressed an opinion that she would not live more than half an hour. I thought she could not live much longer, but as I was some distance from home, and as it was now nearly midnight, I concluded to tarry all night. The fits still continuing, and the pulse flagging, with every indication of immediate death, I left her in the morning, never expecting to see her again among the living. In the afternoon of the 3d, not doubting she was dead, I called to inquire about the manner of her death, and to make some arrangement for a *post-mortem* examination, as the case appeared to me a remarkable one. To my great surprise I found her still alive, and there was but little alteration in her symptoms. She had had several more fits; her pulse was nearly extinct, and she had the mucous or dead rattle in the throat. My business called me about a mile beyond my patient, and I was absent about an hour and a half. On my return I called in, and before leaving I thought I would once more examine the os uteri. I found it *very little dilated*, but not sufficient for me to introduce the point of my forefinger. The uterus was now so full that it pressed the diaphragm, lungs and heart almost into the throat, and I was of the opinion that it might be by the pressure of the blood into the head from this cause, that the fits were induced. Had I a trochar with me, I should almost have been induced to introduce it into the uterus through the parietes of the abdomen, and let off the water. The uterus was as full as I have ever seen a distended bladder. I again sat down to the examination of the uterus, with the determination, if possible, to work upon the os uteri with the point of my forefinger, till I could effect an entrance. Fortunately, by frequently turning my finger, I succeeded, and found a more tensely-distended membrane than I ever before felt. After great and persevering effort, for the space of half an hour, I succeeded in rupturing it, and a greater quantity of water I never knew come from a pregnant woman before. Of course I could not measure it, but it ran through a feather bed and a straw bed, with their coverings, in puddles on the floor. The os uteri was like the mouth of a bag when very full and tightly tied. It now became flabby, and it was soon sufficiently dilated,

although without labor pain, to enable me to search for and find one of the feet, which I drew down, and very soon I drew down the other, and not long after the body and head of the child, which had probably been dead several days, as the cuticle readily peeled off. I should think, from the size of the fœtus, that the woman was at about the seventh month of gestation. I removed the placenta without any difficulty. The patient was in a state of perfect and entire insensibility. Soon after the evacuation of the waters, her breathing became freer, and her pulse, which was before quick, thread-like, and almost obliterated, rose and became less frequent. She had thirty-six fits before delivery, and for thirty-six hours previously she had not swallowed as much as a drop of anything. Soon after this she was able to swallow a little at a time, and before eight hours had elapsed after delivery, she had drank more than two teacupsful of milk-porridge. She was delivered at 10 o'clock, Wednesday night, and she never remembered anything till the Saturday morning afterwards. Indeed her recollection was entirely gone, concerning any transaction for the preceding three weeks. She had no more convulsions after delivery. I attended upon her till she was out of danger. In a little more than a fortnight after her confinement, I called upon her, and she had left her chamber, and was sitting in her room below, very comfortable.

This case appears to me to be a singular one. I have never seen a case before where over-distension of the uterus, from accumulation of water within it, has induced puerperal convulsions, nor do I recollect to have read of a similar case. What can be done in a case of this kind, where there is no dilatation of the os uteri, and where labor pains, as in this case, were suspended? Mons. Miguel, in his "*Traité des Convulsions chez les Femmes enceintes, en travail et en couche*," says, "there are cases, and particularly during the continuance of convulsions, when the orifice of the uterus resists equally the exit of the fœtus or the introduction of the hand. It would seem that then the uterine fibre itself is in a state of spasm or tonic convulsion, which confines it and shuts its orifice. It resists the finger which attempts its dilatation, and it would be ruptured sooner than be dilated. This constriction of the orifice has for some time attracted the attention of practitioners, and an operation has been proposed to remedy it." In a note on this subject in *Anderson's Quarterly Journal*, 1824. the writer says, "an incision has been made through the edge of the orifice, and it has succeeded, when the usual remedies have failed." I am somewhat surprised at the assertion, for I have examined almost every obstetric work in the English language, and every article on the subject of puerperal convulsions in the medical periodical journals, and can find no account of such an operation having been performed for such a purpose.

In the present case not even the severity of the fits induced labor pains, which was very different from anything of the kind I have ever seen before. Generally, labor proceeds regularly in such cases, though there are some instances to the contrary recorded, and among the rest a very interesting one is published in the 33d Vol. No. 12 of the *Boston Medical and Surgical Journal*, by U. Potter, M.D., of Hallsville, N. Y. In

that case, however, dilatation commenced in about fifteen hours after the attack, and went on rapidly and regularly till the child was born. In all the cases which were delivered artificially or naturally, recorded by Dewees, dilatation commenced after the use of means, without resort to artificial dilatation, and went on regularly till delivery was accomplished, either by instruments or otherwise. Not so in my case. Instruments are often resorted to in case of puerperal convulsions, because it is necessary to induce speedy delivery, as the fits generally continue till the child is expelled from the uterus. Formerly there were some discrepancies of opinion among obstetricians, upon the propriety of speedy delivery in cases of puerperal convulsions, but they are now generally agreed upon the propriety of such a resort.

How could labor pains be induced in such a case as I have described, where neither ergot, nor any other echolic, could be swallowed for the space of thirty-six hours? I could not dilate the mouth of the womb a moment before I did it. The uterus was as hard as a stone, and no fluctuation could be perceived upon percussion, or even from her being turned over in bed, so very tense had the distension of the membranes containing the water, rendered that organ. Even had it been known that water had caused this distension, which auscultation or exploration did not manifest, could we have been justified in the use of the trochar, as for dropsy, or in making an incision into the mouth of the uterus? Have we many recorded cases where the patient has lain nearly or quite thirty-six hours, almost in articulo mortis, with pretty constantly recurring fits, to the number of thirty-six, and then recovered?

So far as I can judge, puerperal convulsions are not of frequent occurrence. Collins, in his practical observations upon the sixteen thousand six hundred and fifty-four births recorded in his work, observes that "our average is not more than one case of convulsions in every *five hundred and forty-seven deliveries*." This probably will hold good with other practitioners, though such cases may be more frequent in our large cities than in the country. I have never made an exact enumeration of the births which have occurred in my practice during the last thirty years. Four cases of puerperal convulsions have occurred in it, two of which have proved fatal.

In the notes to my first case of convulsions, I inquire, in what respects do puerperal convulsions differ from epilepsy? Many obstetricians compare them to apoplexy, and very many to epilepsy. Nearly all to one or the other. Their attacks and symptoms are similar to epilepsy. The exciting causes are different, but may we not as readily suppose that irritations of the uterus may induce epileptic convulsions, as that irritations of the stomach may? Every physician knows that epilepsy is as often induced from affections of the stomach, as from organic affections of the brain. Are they not more so in children? In these cases it is remediable; whereas in the latter, they are beyond the reach of art. Why may not the sensorium be as much affected by irritation of the uterus as by irritation of the stomach? Spasm is as often induced by labor in travail, as by vomiting. It may be said that the fits in puerperal convul-



sions do not recur again except during travail. Neither do epileptic fits recur when they proceed from the stomach, except when there are crude indigestible substances in the primæ viæ, which act as powerful irritants upon that organ, or when the stomach is foul. The symptoms in both cases being precisely similar, can there be any impropriety in classing both diseases under the same name? Remove the exciting cause and restore tone to the system. Why then burthen nosology with useless distinctions?

Dr. Collins says, "there are few cases requiring more prompt and decided practice than puerperal convulsions; and the extent of the experience of most individuals is not sufficient to enable them to draw satisfactory conclusions from what they have themselves seen; therefore every contribution is beneficial." Partly on this ground I present the above case, independent of the importance of it and the novelty of its cause. I could extend my remarks upon the subject of puerperal convulsions indefinitely, as it is a most fruitful and profitable theme for investigation. My greatest effort, in what I have already written, has been rather to curtail than enlarge my observations.

The present season with me has been one in which an unusual number of difficult cases in obstetrics have presented themselves. Within the last ten days I have been called to no less than three cases of abortion within a circuit of three miles.

*Deerfield, Mass., Dec. 10th, 1845.*

#### ON HOMŒOPATHY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—For a long time I have been astonished that your correspondents remained so silent on the subject of homœopathy. I suppose they have been examining the theory, either to embrace it, or to let it pass as one of the fantasies of that country which has given birth to most of those hypothetical systems that have engaged the attention of visionary men for the last fifty years. The time has come when every physician should be prepared to explain on what principle an inebriated man is made sober by taking more brandy, and upon what basis stands the assumption of Hahnemann, that *all* chronic diseases have their origin in *sycosis*, *syphilis* and *psora*; and that seven-eighths of the diseases which afflict mankind are caused by the *itch*. I say we should all be prepared to defend these assumptions if we believe them valid, and able to refute them if we know them to be erroneous. But it is to no purpose that we attempt to reason with unprofessional men, persons who are as ignorant in physic as we are in law and theology; they may be men of talents and letters, yet they not unfrequently become drunken on the phantoms of hypothesis, which have enticed thousands from the path of *common sense*, and rendered them the dupes of ingenious theorists. Let men be ever so learned, they are liable to be imposed upon by those who are extremely ignorant themselves.

“ The baleful charms  
Of superstition there infect the skies,”

and show that it is not the uneducated alone who are cheated into error. Hahnemann says, “ by shaking a drop of medicinal liquid with one hundred drops of alcohol *once*, that is to say, by taking the phial in the hand which contains the whole, and imparting to it a rapid motion by a single stroke of the arm descending, I shall obtain an exact mixture of them ; but two or three or ten such movements would develop the medicinal virtues still further, making them more potent, and their action on the nerves much more penetrating. In the extenuation of powders, when it is requisite to mix one grain of medicinal substance in one hundred grains of sugar of milk, it ought to be rubbed down with force during one hour *only*, in order that the power of the medicine may not be carried to too great an extent ; medicinal substances acquiring at each division or dilution a new degree of power, as the rubbing or shaking they undergo develops that inherent virtue in medicines which was unknown until my time, and which is so energetic that latterly I have been forced by experience to reduce the number of shakes to two.”

The above is only one specimen of Hahnemannism ; if other examples should be cited, they would be of the same ridiculous character ; which plainly shows that proselytes to this sect are not gained by homœopathic books ; for how evident it is, that nothing would so certainly prevent a man becoming a homœopathist, as the reading of Hahnemann’s own works. The converts to this doctrine have all heard of wonderful cures, of the miraculous effects of small pills ; these tales have prepared them, with open throats, to swallow even the chimerical Organon, making true, that—

“ There is a pleasure sure, in being mad,  
Which none but mad men know.”

We should expect homœopathy would flourish during the age of Mormonism, Millerism and Mesmerism ; indeed, this appears to be a very favorable crisis for it to vegetate. But the time is rapidly approaching when, like the others, it will harmlessly pass away, to be inhumed in the same sepulchre, that is already gaping to engulf its stricken skeleton, “ amidst inglorious shades and purling streams.”

Some esteem this thing, because it has made its way into the channels of wealth and influence ; not being aware that the rich are nothing better for their purses, as judges of intricate questions of medical science. These people are not informed that from the earliest dawn of medical literature to the present time, heresies have constantly sprung up, and would at times almost eclipse the true light ; but truth has triumphed notwithstanding. These factions will continue in some form or other, yet our science is destined to shed its glory throughout the world. No class of men can change the laws that govern the universe ; however much the local affairs of men may differ, they are all subject to the same physical laws, and only He who instituted them has any jurisdiction over them. “ He changeth not.”

After all, there will some good grow out of this doctrine, probably to

the disadvantage of Dr. Brandreth and a host of other pill-makers ; perhaps the butcher and the wine-merchant will complain, but most likely they will all have a tolerable business for many years to come.

“ Balnea, vina, Venus, corrumpant corpora nostra :  
At faciunt vitam balnea, vina, Venus ”!

I will now give some reasons for disapproving of this system taught by Hahnemann. First, I do not believe that a small dose, of any medicinal substance, will have a more speedy effect upon a patient than a large quantity of the same drug ; for the power of a medicine is always in proportion to the amount used, so that the smaller the dose, the more tardy and feeble the symptoms induced thereby, whether the principle of its administration is allopathic or homœopathic. For example, two grains of opium will subdue the most violent pain in a short time, and appease the most violent dysentery in a few hours ; yet a smaller dose will not induce opposite effects, as it would do according to the doctrine that is founded on *similia similibus curantur*. Will a single grain of an alkali neutralize more acid than an ounce of the same alkaline material, under the same circumstances ? Does minuteness give potency to it, or does this power depend upon the *number of shakes* used during the operation ?

I have examined arsenic in the form in which it is usually given by the homœopathists, and was not able to detect any portion of the drug, though fifty globules were acted upon ; constituting twenty-five doses of it as given by them as a therapeutic agent ! Forty globules of iodine submitted to the starch test did not change the color of water ; yet three drops of tinc. iodin. treated in the same manner rendered the water deep blue ; much more water was added, still the water was colored, and, as might be expected, continued so as long as any portion of the starch was retained in the solution. Now three drops of this tincture will scarcely have any effect upon the adult subject. Yet a homœopathist will cure a frightful case of croup with two of the above-mentioned globules of *spongia usta* (as they style iodine) ! Peradventure, if these globules had been rubbed for more than *an hour*, and with more *force*, they would have revealed their iodine during the test ; probably this would have translated them into such venomous doses, that they would be unfit for anything but *rats' poison*, and could not be given to human beings with any degree of safety !

I do not object to small doses of medicine, but I oppose those inert representations of remedies which make “ physick the art of amusing the patient while nature cures the disease.” As physicians, it is our duty to assist nature, and allow nature to assist us ; but we must not trust to her too far, nor with every case, for often she becomes weary, and has no powers within herself ; she, too, must have succor when her own resources are becoming exhausted.

My second objection to Hahnemannism is, it is a speculation based on hypotheses, and could not have outlived its inventor, had not practitioners resorted to something besides infinitesimal doses whenever they chose to (or I might say, when they were obliged to take this course) ; for it is well known that they avail themselves of stronger powers in the hour of dan-



ger, when *regimen* and *imagination* are not sufficient to set free the patient from the menacing jaws of death. Will any man who has been called to treat apoplexy, strangulated hernia, phrenitis, colic, hemorrhages, &c.,—will any man who has had experience in such disorders, deny the efficacy of the lancet, of emetics, cathartics, and counter-irritation?—remedies so much ridiculed by this new sect of doctors. Their “knowing ones” are compelled to steal the use of them, *and in this way their system has attained its present popularity and importance*. Homœopathy is but another name for quackery. Others than doctors practise it. By purchasing a “*box and a book*,” an uneducated farmer is at once, as if by magic, transformed into a doctor of physic; and some of the most wonderful cures that homœopathy has made, have been wrought by these pulvil doctors of the latter description. We ought to discountenance it, though sure that it will eventually “come to nought.” Yet we will not debase

“The nature of our seats, and make the rabble  
Call our cares, fears; which will in time break ope  
The lock o’ the Senate, and bring in the crows  
To peck the eagles.”

Thirdly, a critical observer and learned writer says, “To support this doctrine, Hahnemann should have proved, 1st, that medicinal powers do produce an artificial malady similar to the natural affection; 2d, that the organism only remains under the influence of medicinal disease; 3d, that this medicinal disease is of short duration; and 4th, that all these effects can only be induced by a medicine selected according to the similarity of symptoms. Our theorist has utterly failed to establish these facts; therefore have his doctrines been impugned by many of his most zealous disciples, &c.”

Many diseases present symptoms so varied that no medicine can be found in the *materia medica* capable of inducing similar phenomena; hence, there are many disorders not curable by homœopathic remedies, for it would be fatal to their doctrine to combine two or more medicines, as they pretend, by so doing, each kind would act against the others, and thus destroy the enchantment. There are maladies presenting symptoms *not complicated*, yet of such nature that no drug can be found which will cause like phenomena; consequently Hahnemannism affords no remedy for them. As examples of this, I will mention uterine hemorrhage, incarcerated hernia, biliary calculi, &c. &c.

I could continue my objections to this theory until I exposed every position that Hahnemann has assumed; but I have not time to pursue it further, and shall conclude this paper by a few remarks on the nature and use of *aconitum napellus*.

*Aconite* is an acrid diaphoretic, possessing sedative and counter-stimulant powers. In repeated doses of one or two grains, it induces copious diaphoresis, and renders the action of the heart less vehement, and in such doses, may be employed either alone, or in conjunction with other remedies, such as venesection, cathartics, &c. I have not given it these properties; they are ascribed to it by Professors Vogt, Lobernheim,

Dierbach and others. I could give cases where these effects have been witnessed from this plant in allopathic portions, and I cannot understand how the same are produced from homœopathic doses. In quantities so extremely varied no medicine will be found operating with equal uniformity, for the symptoms will be increased or diminished in proportion to the amount given. If one man can cure a violent fever with the twenty millionth part of a grain of aconite, how can another do the same thing by making use of a whole grain? I have employed aconite as a diaphoretic with much advantage in febrile disorders, in large doses; hence I conclude that the homœopathist either gives allopathic portions, or lets the fever cure itself; *for such similar results cannot be obtained from such dissimilar treatment.*

J. P. LEONARD.

*Lime Rock, R. I., October, 1845.*

#### DR. BEDFORD'S INTRODUCTORY LECTURE.

[Communicated for the Boston Medical and Surgical Journal.]

THIS lecture was delivered Nov. 1, 1845, by Gunning S. Bedford, A.M., M.D., Professor of Midwifery and the Diseases of Women and Children in the University of New York.

There are none among the fugitive publications of our profession which interest physicians and students more, than the Introductory Lectures at the annual opening of the courses of medical teaching in our colleges and universities. And though the number and variety of these, are of late greatly increasing, yet this need not be regretted, since greater attention to this department of our literature is thus imposed upon their authors, in view of the liability of being called upon by grateful students to commit these lectures to the press.

Professor Bedford is among those to whom this tribute is annually paid by his class, and the present production is every way worthy of the compliment. The style is, as it ought to be, colloquial and didactic; its subject the lofty claims of his department intrinsically, and by comparison with the other chairs in the University; and the object aimed at, that of prompting his pupils to a laudable ambition to excel in qualifying themselves for the highly responsible duties, for which they are preparing during their college course. The ardor and enthusiasm which have characterized Dr. Bedford, ever since he entered upon the work of teaching his favorite branch of the profession, have not diminished by the lapse of years, and he discourses fluently and eloquently as ever, in behalf of the New York University, the prosperity of which is indeed a source of just pride to himself and his colleagues.

But this lecture is remarkable for its practical character, and there is one feature of it, which entitles it to special commendation. It is the merited rebuke which he administers to the ignorance and criminal temerity of those in the profession, who needlessly multiply "instrumental labors," and especially to such as undertake the performance of opera-

tions involving human life, while unacquainted with the circumstances which can alone justify them, thus degrading the obstetric art, for lack of knowledge in that science upon which the art depends. He illustrates the justice of his censures on the 11th page of his lecture in the following vigorous language, and the narration of an appalling example occurring under his own observation.

“Allow me, in the most solemn and emphatic manner, to caution you against an error which unfortunately for suffering humanity and the honor of our profession, has too generally prevailed. I allude to the indiscriminate and unpardonable use of instruments in the practice of midwifery. If the grave could speak, how fearful would be its revelations on this topic, how monstrous the guilt of those who revel in innocent blood! Not more than six weeks since, I was visited by a medical gentleman, who had been in practice but a short period; in the course of conversation, the subject of operative midwifery was introduced; and he observed to me that he had enjoyed the best opportunities of becoming familiar with the use of instruments, for his preceptor had performed the operation of embryotomy on an average sixteen times a year!!! To you, gentlemen, an announcement of this character may appear like romance—but I have myself witnessed in this city scenes of blood sufficient to satisfy my mind that this is not an exaggerated picture; and I will take the liberty of citing one case, among several others now fresh in my memory, to show you that I do not speak without cause, when I protest against the unholy acts of men, who were intended neither by Heaven nor nature to assume the sacred duties of the lying-in chamber.

“About two years since, I was requested to visit a poor woman, who resided a few miles from this city. She had previously borne two living children, and her confinements had not been attended with any unusual circumstance. On arriving at the house, there was presented to my view a scene, which I can never efface from my memory. It was a spectacle at which the heart sickened—it was humiliating to my professional pride, and I could not but experience feelings of deep mortification. This unfortunate sufferer had been in labor twenty-six hours, when two medical gentlemen, for reasons which I trust were satisfactory to themselves and their consciences, determined on the use of the perforator. This instrument of death was accordingly thrust into the brain of a living child; the labor, however, did not advance, and they proceeded to remove the *fœtus* piece-meal. After four hours' desperate toil—and I ask, where could have been their feelings of humanity—they succeeded in bringing away the entire *fœtus* in a mangled condition, with the exception of the head, which was still in the womb. The friends of this poor creature—for destitute as she was, she was not without friends in this, her time of trial—her friends, I repeat, became alarmed; their confidence was lost, and the serious apprehension entertained for the safety of the woman induced them to call in additional aid. I was sent for; and, on hearing the particulars of the case as far as the messenger could communicate them, I hastened to the house, accompanied by my former pupils, Drs. Busteed and Burtzell. The patient was pale and exhausted; her coun-



tenance was that of a dying woman; she was almost pulseless, with cold extremities, and the perspiration of death on her. In her death agony she supplicated me to save her, and said, with a feeling that none but a mother can cherish, that she was willing to undergo any additional suffering, if she could only be spared to her children! Poor creature! her measure of anguish was indeed full, and had she known that she was about being removed from her children by the atrocious butchery of men, to whom she had entrusted her life, she would not have made the appeal she did. In approaching the bed of the dying woman, and on attempting to make a vaginal examination to ascertain the condition of the womb—the head of the fœtus being still in its cavity, having been separated from the trunk—you may well imagine my feelings on finding a mass of small intestines protruding from the vagina, and lying between the thighs! The operators had not contented themselves with slaughtering the infant; but they ruptured the uterus, through which the intestines had escaped; and, in this condition, they had abandoned the woman! She lay in this situation three hours before I saw her, the doctors having left the house, stating that nothing more could be done!! Verily, death *does* terminate all human effort.

“The question may now be asked—why was embryotomy had recourse to in this case? I never could ascertain. There must have been some secret reason for it; the burning love, perhaps, which some men have for the eclat of *bloody deeds*. There was no deformity of the pelvis; the head of the fœtus was of the usual size, and, as far as I could learn, it was an ordinary labor. The doctors judged it advisable to do something, and they decided to turn and deliver by the feet. They accordingly proceeded, and, mistaking a hand for a foot, pulled it into the vagina. They were then foiled, and, in order to complete the delivery, they commenced cutting up the fœtus, and extracting it piece-meal. Thus were two lives wantonly sacrificed. The patient died in about two hours after I arrived; and half an hour before she sunk, she observed, “*My poor child was alive; for I felt it move when the doctors were tearing it from me.*” Such language, uttered under such circumstances, was indeed graphic and eloquent in condemnation of those who had been participators in this most cruel tragedy.”

In the following passage, Dr. Bedford alludes to the prevalent error, that the dangers of parturition cease with the birth of the child, and comments upon the importance of those placental difficulties which often complicate labor, and expose the mother to hazards more to be dreaded than any other abnormal circumstance. The case he relates is calculated to impress upon the minds of his pupils the lesson, that he who presumes to officiate in obstetrical practice without thorough and scientific preparation, may find himself alone in the chamber of death, with a conscience ill at ease, when a mother and her child may perish by reason of his lack of knowledge.

“Remember, however, that the duties of the accoucheur do not terminate with the delivery of the child; and fortunate would it be for the parturient woman if this doctrine were more generally inculcated. The opinion that the perils of the lying-in chamber cease with the birth of

the fœtus is not only preposterous, but is fraught with danger both to the practitioner and patient. The management of the placenta constitutes, in itself, one of the nicest and most interesting points connected with the whole practice of midwifery. Tell me not that the delivery of the child emancipates the woman from all further peril. Truly has it been remarked, by a most emphatic and lucid author, that no man should have the hardihood to cross the threshold of the lying-in room who is not prepared, promptly and effectively, to conduct every placenta case that may by any possibility present itself. I respond most heartily, with all consciousness of its truth, to the value of this sentiment; and I would say to those, who have never yet been engaged in the practice of the profession, that if there be any one thing more than another, in the whole routine of professional duty, calculated to strike terror into the heart of the practitioner, and for a moment paralyze his best energies, it is a case of *flooding* after the birth of the child. Here there is no time for consultation—no time for reference to authority. A short time since, I was sent for in great haste by a medical gentleman to meet him in consultation in the case of a lady then under his professional charge. As soon as I reached the house, he informed me that half an hour before my arrival he had delivered his patient of a fine son; and he observed that there was another fœtus in the womb. Finding his patient growing weak, he thought it advisable to send for assistance. This was all the information I received, when, on being introduced into the room, I witnessed a scene which I have not language to describe. The husband and relatives were gathered around the bed of the dying woman; her two little children, who had been asleep in an adjoining room, awakened by the confusion of the night, became alarmed and rushed into their mother's chamber. As soon as I beheld the patient I became convinced that all was over. There she lay, pulseless and speechless, with death written on her countenance. In placing my hand on the abdomen I found it immensely distended; it was soft on pressure, and in an instant I arrived at my diagnosis. It was *internal uterine hemorrhage*. Utterly hopeless as the case was, I could not stand passively by and behold the last flickering of the vital spark, without one desperate effort to reanimate exhausted nature. Without a moment's delay, therefore, I introduced my hand for the purpose, if possible, of bringing on contraction of the womb. I found the placenta detached, and lying immediately over the mouth of the uterus, thus effectually preventing the escape of blood externally, and leading the practitioner to a fatal error as to the actual condition of his patient. As soon as I had introduced my hand into the womb, the unfortunate lady seemed to experience a momentary revival; she opened her eyes wildly, gazed on those around, asked for her children, and instantly expired! Comment here can scarcely be necessary. Error of judgment, as to the nature of the difficulty, had thus suddenly swept from earth an interesting woman, and had deprived the young and helpless of a mother's love and devotion. Such scenes are, indeed, agonizing, and are calculated to make a

lasting impression on the minds of all, who appreciate the necessity of accurate knowledge and the fulness of professional responsibility."

The whole lecture abounds with similar testimony against empiricism, and demonstrates that its author is intent upon inspiring his class with a just estimate and appreciation of the value of that kind and degree of knowledge which his department imperatively demands. Happy will it be for his pupils and for their future patients, if the salutary and earnest counsels of the teacher shall be heeded as they deserve.

R.

#### NATURE AND THE PHYSICIAN IN THE CURE OF DISEASE.

[DR. SAMUEL JACKSON, of Northumberland, Penn., has no very exalted opinion of the *vis medicatrix nature*, so often trusted to as *the* resource in disease. In his Annual Report on the Theory and Practice of Medicine, presented to the College of Physicians of Philadelphia, he thus speaks of the comparative value of nature and medical science in the treatment of disorders of the human frame.]

We shall conclude our paper, by reporting, for the animadversion of the College, a certain morbid opinion or theory, sometimes too freely expressed by physicians, and too well calculated to derogate from the honor and utility of medicine. It is, that *the physician is the mere servant of nature, which cures nearly all diseases*. This, we believe, is the prevailing and most injurious error of the present time, one which the people, the *idiotai*, as Hippocrates calls them, are too ready to cherish to their own detriment. An argument is founded on the fact that the physician is obliged to avail himself of all the natural functions, without whose subserviency, he can effect nothing. True, if the blood do not circulate he cannot bleed; if there is no peristaltic motion he cannot purge. As well might they derogate from the value of the artist, who, without marble, cannot make a statue.

A form to rugged stone, when Phidias gives,  
Beneath his touch a new creation lives;  
Remove his marble, and his genius dies.

So also with the physician,—if there is no life, his art ceases. But to direct the living functions so as to prevent disease, recover lost health, and attain longevity, is all that medicine contemplates, and this is what unassisted nature seldom does, in the best and safest manner; particularly as the word NATURE includes, not only the physical necessities of the body, but also the blind mental operations of the patient, and of the many who are injuriously interfering in his case. Your friend is ill. nature is doing for him precisely what she cannot help; it may be good, or it may be evil, the best or the worst; but there are other natures besides his own, and his sick body has not only to contend with its own nature, but with the obtruded natures of all his friends. Thus, the new-born child is no sooner consigned to its mother's arms, than the preservative art of medicine is needed; for then all the busy *natures* in the house begin to inquire, whether they shall surfeit the stranger with sugar or molasses, pap or panada.



This nature has been used in the world under various imposing names. With Van Helmont it was an *Archeus*, with Stahl an *Anima Medica*, Cullen thought it a *Vis Medicatrix*, and many, from Hippocrates to the seventeenth century, dignified it by the name of *Autokrateia*. It has even been endowed with intelligence, but at present it must be considered as the mere physiological necessity of organized matter. That must have been considered as a cruel and malicious intelligence, which could stir up such painful curative commotions as colic and dysentery.

In the whole catalogue of diseases, what does unassisted nature effect, in her methods of cure? In yellow fever, she inflames the stomach and creates a fatal vomiting of black matter; in mild typhus, under a show of great gentleness, she insidiously involves the brain in inflammation or corrodes the bowels; in dysentery, under pretence of expelling offending matter, she ulcerates the bowels, adding intolerable pain, purging, and tenesmus; in the various choleras, it would take a longer time to describe her blind curative operations, than she requires to destroy the patient. In the ague, though she benevolently cure one fit, she brings on another, till she inflames the stomach and bowels, swells the liver, emaciates the patient, and finally consigns him to the undertaker, whether he be a King James, a Cromwell, or a commoner: in some diseases her curative methods are tedious, always deadly, and too disgusting to be related.

*But many of her operations are salutary; when there is a thorn in your flesh, she excites suppuration and throws it out.* True—but she makes the same effort when she cannot throw it out. All her operations are blind, yet she cannot be still; she has no alliance with the vaunted Hippocratic expectation. *But when there is internal inflammation, she gives you timely notice by pain and fever.* True—but it was nature that excited this inflammation as a curative effort, and the pain is a necessary part of it. *She brings on syncope, and saves the life of a bleeding patient.* Neither is this a *vis medicatrix*, but a physical necessity. Let us see a syncope with a restrained hemorrhage, while the pulse fails not—then, indeed, you may cry out, *eureka. eureka.*

Dr. Sydenham has defined disease to be the confused and irregular operations of debilitated and disordered nature; and Dr. Dickson, in his late work, says, that all the tendencies of disease are towards death. This, we believe, to be strictly true, though it be in collision with one of the highest authorities, who fears “that if the invariable tendency of all forms of disease was unto death, their mortality would be greatly augmented.” The tendency, however, may be to death, though death be not reached; the moriferous action wears itself out by its own struggle, and leaves the patient alive, though often unsound. In the various grades of dysentery, the curative operations of nature may sometimes save a patient, the organism to be destroyed, being stronger than nature, the destroyer; but let me insist that I have never known a regular physician so worthless that he was not greatly to be preferred to nature, in nearly all cases, and certainly in his collective practice. In all diseases, from the prick of a thorn to the bite of a crotalus—from the mildest eph-

mera to the malignant plague, the regularly educated physician, however comparatively worthless, is greatly to be preferred to the "confused and irregular operations of disordered and debilitated nature." We would therefore propose to reverse the maxim, and say that *nature is the servant of the physician*. She is to be carefully observed, and, like a servant, she is to be encouraged in all her laudable determinations; nay, further—like a servant, she must sometimes be tolerated, even in her errors. The human body, in sickness, has been compared to a ship in a storm: *nature* is breaking her cordage, tearing her sails, and driving her on the rocks—the mariners repair the rents, and by a skilful use of the morbid elements of *nature*, they steer her safe from the leeward shore.

It would appear obsolete to observe that the goodness of Providence is not to be questioned, because he has left the human body without a curative *autokratcia*. To have left many of those things most necessary to the comfort of man, particularly health, to be attained only by care and labor, is one proof of Supreme wisdom; for it is not consistent, either for our present or future happiness, to live like the gods of the Epicureans, in a state of careless ease and apathetic supineness, as Lucretius says—*cura semota metuque*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 7, 1846.

*Lunatic Asylum of Tennessee.*—Two weeks since, a reference was made to this institution, and an intimation given that it would be gratifying to have the opinion of some one who had the moral courage to mention the services it has rendered to humanity. On looking over the statistics of the last annual report, made to the Legislature, now in session in that State, it recalls our own impressions while examining the Asylum a little more than a year ago.

The Lunatic Asylum of Tennessee is charmingly located in Nashville: nature has done more than art in regard to the conveniences of the place. From all we could learn, the people have voted money liberally for making the buildings and appurtenances both tasteful and commodious. In a word, the appeal that has gone up to high places in behalf of the insane, was always listened to with a feeling of sympathy, honorable to the representatives of a kind and noble-minded people—and the treasury was never closed against any demand that was intended to promote the daily comfort, contribute to the curative process, or confer happiness on the wretched, reason-bereft tenants of that well-devised charity. But there has been a leak in the vessel, which will ultimately sink the ship, unless it is subjected to a thorough overhauling, and that directly.

Unfortunately, the medical superintendent was absent when we visited the Asylum. However, he was so well spoken of, both as a physician and a citizen, that we have no doubt he must have been embarrassed with the train of bad management which characterized the interior adminis-

tration before his appointment. The apartments, either in point of finish, furniture or appropriateness, were not to be compared with those of Philadelphia, Columbus, or any in New England. We never saw but one, so utterly unfit for the purposes for which it was designed, outside and in—and that was at Lexington, Kentucky. The overseers of the patients, particularly the males, were uncouth, shabby-looking fellows, who appeared as unsuitable, as possible, to have the care and daily keeping of the insane. The female patients were better cared for, being under the immediate eye, on that particular occasion, of the superintendent's lady, who was an accomplished, sympathizing woman, and was in the midst of them, maintaining, with kind-heartedness, both decorum and order. Whether the same physician still has charge of the establishment, we are unable to say; but presume not, as we were informed, or received the impression, that there was not much certainty of one's holding the office very long.

Neither the Legislature as a body, nor a committee of its members, should ever meddle with the details of the superintendent's duties—nor make the appointment. A board of trustees—and that not so large as to be unwieldy—should have the appointing power, with authority to remove the physician, and he should select his own assistants.

We do not know the amount of good that the Lunatic Asylum of Tennessee has accomplished in by-gone years. Here is what it has done in 1844-5—up to October 17th, last.

“We have at this time 49 patients—30 paupers, 19 boarders; 32 men, 17 women. We have discharged, perfectly restored, 13. There have been taken away by friends, much improved, 5. Died, 7. Out of the number remaining, there is a prospect of the restoration of 7—the others, in number 42, being cases of from four to twenty years standing, we consider incurable.”

All of the above paragraph appears to be original, but much of the report is copied, liberally, too, from the annual reports of other hospitals, and there is a lack of information respecting the labors and prospects of the asylum. We were struck with a charge of sixty-one dollars and twenty-eight cents against the Asylum for *tobacco*. Who could be the consumers, if not the inmates? Considering the scarcity of patients, provided they did the chewing, they certainly had no lack of employment. In our visit we noticed a want of all those appliances for mechanical pursuits, so generally introduced into other asylums; no work-shops for regular and systematic labor, no reading room, no library. The poor lunatics appeared to have nothing to do but waste away life by idly lounging here and there.

Let us not be misunderstood in these remarks. Although we felt that it was a neglected, miserably poor place for the insane, the blame did not rest on the physician or his family, but on those who had preceded him; and in this conclusion we are justified by the language of the present Superintendent, who informs the Legislature what is most necessary:

Nashville is blessed with many excellent medical practitioners, who must know, from daily observation, that the Asylum, as it has been conducted, falls below mediocrity. They must have seen its defective police; the unsuitableness of some of the inferior attendants, and the absolute waste of the State's bounty. And why have they not raised their voices and apprised the Legislature of the immediate necessity of wholly reforming and remodelling the institution?



*Elements of Pathological Anatomy.*—When Dr. Gross, the erudite author of this great work, published the first edition, in 1839, the profession, generally, were made familiar with the character of the enterprise. In that edition, however, there were certain typographical mistakes, in connection with other imperfections, that unfortunately crept in, in consequence of being printed more than a thousand miles from the residence of the author, which Dr. Gross has always felt ambitious to correct. His eye was more critical than that of his readers. However, a proper period arrived for remodelling the entire edition, and now we have it in a perfectly finished state. This second edition is from the press of Messrs. Barrington & Haswell, Philadelphia, in a mammoth octavo of 822 pages, illustrated by very accurate and very elegant drawings, some of which are colored to vie with nature in delicacy of tints.

We can only publish this notice of the completion of the book to-day—indulging the expectation of giving a synopsis of its contents hereafter.

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*Narcotics in Insanity.*—An English copy of “An Essay on the Use of Narcotics and other Remedial Agents in procuring Sleep, in the Treatment of Insanity,” by John Williams, M.D., came through the safe conduct of Messrs. Ticknor & Co., for which we are much obliged. This is the essay which obtained the Lord Chancellor’s prize in Ireland. Those who have the management of institutions for the insane will have the most interest in this modest, well-intentioned production; but it strikes us that it contains nothing not already familiar to them in regard to remedial agents. In fact, it could do the author no injury to assert, without qualification, that insanity is as well treated in New England as in any part of Europe; and further, there is not a single idea advanced by Dr. Williams, which is new to many of the physicians of lunatic asylums in this country. Yet the subjects of bleeding, purgatives, narcotics, stimulants, baths and exercise, are each discussed thoroughly and appropriately.

Books, especially on medicine, hold up but few original ideas for admiration in these latter days. Still, there should be no apathy on the momentous subject of health, and every effort, above mediocrity, that assists in keeping the minds of professional readers in a state of activity, deserves the united patronage of the faculty. On this principle we shall be gratified to hear that Ticknor & Co. are making extensive sales of the Essay on Narcotics in Curing Insanity.

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*Alabama Medical University.*—A medical university! That is something new. A university has been considered an institution of several departments—an assemblage of colleges, in which, besides mathematics, the languages, &c., medicine, law and theology are taught. But that is not the notion, it seems, among the law-makers of Alabama. They have chartered a medical university, and its Faculty are steam doctors—“purely of the Thomsonian order,” as the faculty themselves avow. These *trackers* (doctors) proclaim to the world “that an epoch in the history of Alabama will *bare* on the first Monday in November, 1845,” when the lectures in their *university* commenced. It is an epoch, sure enough. Most signally does it illustrate the boasted “march of mind” in our age. It is a burlesque upon medical schools. One might suppose that the Legis-

lature of Alabama was seeking to bring the medical profession into contempt, when they granted such a charter. But it is not so. It was only giving the "largest liberty." Wetumpka is the honored seat of this "medical university," and we shall not be surprised to hear that these doctors of the "Thomsonian order" have had pupils. The legislators who voted for the charter ought to send their sons there.—*Western Journal of Medicine and Surgery*.

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*On the Influence of Mercury in producing Nephritis.*—The effect of mercurial preparations in causing salivation is only a particular instance of their tendency to stimulate glandular organs. This tendency sometimes displays itself in the production of bilious diarrhœa, and sometimes in an excited condition of the kidneys, verging towards inflammation.

In a great many instances I have observed the urine to become neutral or alkaline under the employment of mercurial medicines. It was particularly noted that these patients had passed acid urine previously to being placed under mercurial medication; that the urine had become acid again after the mercury had been discontinued for a variable length of time; and that no alkalie nor alkaline salt had been taken, such as might by its elimination from the kidneys have given rise to this re-action. Neither was there any retention of urine in these cases, nor organic matters present which could have originated a rapid putrefaction; so that it could only be concluded that the diminished acidity, neutrality, or alkalinity of the urine of persons under the influence of mercury, results from a vice of secretion, produced by the action of this metal on the kidneys. Now, it has been shown, that alkalinity of the urine resulting from a vice of secretion, is a symptom of simple nephritis, whether acute or chronic; and a symptom of such importance, as, in the opinion of some, to warrant by itself the diagnosis of the disease.

In a case which I lately had an opportunity of seeing, there could be no doubt, however, of the existence of nephritis; and that it resulted from the effects of mercury appeared much more than probable. There was pain and deep-seated tenderness in the regions of the kidneys, frequent rigors and vomiting, as well as alkalinity of the urine. These symptoms arose under the use of mercury, but required active antiphlogistic treatment for their removal.—DR. ALDRIDGE in *Dublin Hospital Gazette*.

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*Filtering of Water.*—At Nottingham, a system has been applied with perfect success for several years, in which advantage was taken from the nature of the soil (clean sand and gravel), to form a natural filter by the side of the Trent, which at the same time acts as a reservoir, and through which the water slowly percolates for one hundred and fifty feet; and so perfect is the action, that although the stream is sometimes made so turbid by pent and other vegetable matters that it is of the color of tea, yet the water, after filtration, is so bright that a pin may be seen at the depth of eight feet. Mr. Thom has erected at Greenock, Paisley and Ayr, *self-cleaning filters*, of a very ingenious construction, and at an expense, for 50,000 inhabitants, of £500. He has also ascertained that "the moss water, by flowing over or through a particular species of lava or trap-rock (amygdaloid), became fine spring-water." What a contrast do these inventions, by which the water supplied to a whole town is purified by one

operation, present, when compared with the existing system by which only the comparatively rich can afford to purchase a private filter.—*Medico-Chirurgical Review*.

*Asylum for the Insane at Toronto*.—Dr. Walter Telfer, of Toronto, Canada West, has been appointed Medical Superintendent of the Provincial Asylum for the Insane at Toronto. The Government is now erecting a large asylum for the insane at that place. Sixty-five acres of land are connected with it. It is calculated to accommodate 400 patients, but will not be completed under two years. At present about 75 patients are kept in a building formerly used as a jail at Toronto, and a temporary asylum of wood to accommodate 120, will be completed in May. Into these two buildings the insane will be received until the large asylum is finished. Dr. Telfer has recently visited many of the institutions for the insane in the United States, and is zealously preparing himself to discharge in a proper manner the duties of his responsible station.—*American Journal of Insanity*, January, 1846.

*Medical Miscellany*.—Dr. Wm. Williams has been elected president of the Senate of Maryland.—The *Æsculapian Society* of New York has had an interesting meeting.—Castleton Medical College prospectus for the spring course of lectures, is published.—Tickner & Co. have a new medical book nearly ready for publishing.—A Boston dentist is experimenting for the purpose of making an effectual composition for filling decayed teeth—and strongly believes that he shall produce an unobjectionable one.—The U. S. soldiers at Corpus Christi, are represented to be suffering from dysentery and catarrhal fever. The University Medical School, of New York, has 425 students—and the old College, 180, says the Observer.—Prof. Buckland, the Geologist, has been recently elevated to the Deanery of Westminster, but there is a general dissatisfaction in regard to it, as it is admitted that he understands all ologies but theology.—There is a fine class attending medical lectures at Yale College, Conn. This institution, as a general thing, educates the physicians of its own State, which explains the reason why they are so uniformly good practitioners.—Two hundred of the students at the Louisville Medical Institute, Ky., have signed the temperance pledge, says the Mass. Cataract.—Dr. A. McFarland has been appointed Superintendent of the New Hampshire Asylum for the Insane at Concord, in the place of Dr. Chandler, resigned.—The honorary degree of LL.D. has been conferred on Dr. Luther V. Bell, Superintendent of the McLean Asylum for the Insane near Boston, by King's College, Nova Scotia.—Dr. Ray, Superintendent of the Butler Hospital for the Insane, now erecting near Providence, R. I., has recently returned from a visit to the institutions for the insane in Europe.

MARRIED.—In Boston, Charles Gordon, M.D., to Miss M. A. Upham.—At Vernon, Conn., Dr. M. L. Fiske, of East Windsor, to Miss F. A. Tinker.

DIED.—At Stonington, Conn., Dr. Wm. Robinson, a revolutionary soldier, 81.

Number of deaths in Boston, for the week ending Jan. 3, 53. —Males 25, females 28. Stillborn, 5.

Of consumption, 13—smallpox, 4—croup, 2—scrofula, 1—accidental, 2—lung fever, 4—infantile, 3— inflammation of the brain, 1—sudden, 2—paralysis, 1—old age, 3—dropsy of the brain, 2—teething, 1—child-bed, 1—kidney disease, 1—cancer, 1—dropsy, 1—hooping cough, 1—debility, 2—scarlet fever, 1—apoplexy, 1—disease of the liver, 1—disease of the heart, 1—typhus fever, 1—unknown, 1.

Under 5 years, 14—between 5 and 20 years, 6—between 20 and 60 years, 22—over 60 years, 11.



*On the Use of Chiococca Racemosa for Charbon in the Horse.*—Dr. Daunt, writing from Brazil to the Editor of the Veterinary Record, makes the following observations:—

"During a residence, in the latter part of the past year, in the district of San John de Macabé in this empire, I found that the "pustule maligne," or "charbon," was a frequent disease among the under-bred and poorly kept horses of that district, and that the peasantry combated it with general success by the internal administration of the shrub known here as the Canca, the "*Chiococca Racemosa*" of naturalists. Knowing the fatality of this disease among cattle in many European countries, and its fearfully contagious nature, it being most commonly fatal to those employed about such animals, it has appeared to me that the Canca (which may be procured in the European drug market, and which, as the *chiococca racemosa* of the family of the Rubiaceæ, is described in the *Histoire Naturelle Medicale* of Professor Richard, and in the *Materia Medica* of Messrs. Merat and Delens) deserves a fair trial. I could not learn whether this drug was likewise applied to cases of disease occurring in the human subject in this country. In giving it to animals, the dose must be apportioned in the first trials by an approximative relation founded on the statements given by the two French authors named of its dose for the human subject. That the canca possesses most powerful properties is not to be doubted, it being most popular among the natives in all cases where a general corruption of the circulating fluids exists, as in all diffuse cellular inflammations, &c.; and probably it might not be without action in equinia. It decidedly merits a more extended trial in Europe than the efforts of M. de Langsdorff obtained for it about sixteen years ago, when his attention was called to it during his travels in the interior of Brazil.

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*Capsules for Medicine.*—Being lately in Paris, I heard of a novel mode of preparing capsules for the envelopment of the nauseous class of medicines, such as balsam of capivi, turpentine, &c. This new capsule is formed of animal membrane instead of gelatine, and has the remarkable property of being pliant and soft in the mouth, easy to swallow, and when in the stomach, of not dissolving there, but of breaking only in passing into the duodenum. The contents of the capsule are thus carried along the intestinal canal into the region where the operation of their curative effects is required. The stomach of the patient, which commonly revolts at the class of medicines referred to, is said to be not at all affected by these capsules, either on their first introduction, or by distressing eructations afterwards. Have such capsules been made in England, and would they not, for certain diseases, be deemed a great improvement upon those now in common use?—*Pharmacien*. Capsules of this kind have lately been introduced into this country. They have not yet been extensively used, but we have heard a favorable report from some medical men who have tried them.—*Pharm. Jour.*, Nov.

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*New Medical Books in London.*—On the Mortality in Prisons, and the Diseases most frequently fatal to Prisoners. By Wm. Bury, M.D., Physician to the Milbank Prison.—Illustrations of Modern Mesmerism, from Personal Investigation. By John Forbes, M.D., F.R.S.—Strictures on the Evils of the present System of Ventilation. By Franklin Cosworthy.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIII. WEDNESDAY, JANUARY 14, 1846.

No. 24.

AN UNPREJUDICED INQUIRY CONCERNING THE EFFECTS OF TOBACCO ON THE HUMAN SYSTEM WHEN USED AS A LUXURY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, in Vol. XXXII. p. 509–517 of your hebdomadal, endeavored to bestow a strictly impartial consideration upon the general effects of tobacco on the human system, when used as a luxury, and having then promised a further examination of the triplicate forms in which it is consumed, I would now crave permission to do so, notwithstanding I have, since my last communication, laid down the lancet and doffed the Æsculapian robes for the purpose of soon taking up the political pen editorial. The fact of my being ranged under another standard will not so far detract my attention from medicinal matters but that, to borrow from Charles Lamb's *Farewell to Tobacco*,

———“ I may catch  
Some collateral sweets, and snatch  
Sidelong odors, that give life  
Like glances from a neighbor's wife.”\*

I cannot entirely give up my relations to Hygeia, and might justify myself in the language of the poem just quoted,

“ That, as she, who once hath been  
A king's consort, is a queen  
Ever after, nor will bate  
Any title of her state,  
Though a widow, or divorce'd ;  
So I, from thy converse forc'd,  
The old name and style retain,  
A right Catherine of Spain.”

You may expect, therefore, if you consider them worthy of helping to make up the variety expected in a weekly journal, the other historical articles and reviews which were promised some time ago, and which I shall occasionally furnish.

When employed as a masticatory, tobacco at first produces distressing nausea, vomiting, dizziness, and the other effects peculiar to the herb, and causes a biting, pungent, disagreeable sensation in the mouth and fauces, which is of considerable permanency. The glands which secrete saliva are actively stimulated, and pour out a profusion of this fluid. In a short time the continuance of the habit causes all the disagreeable im-

\* The Poetical Works of Charles Lamb, p. 22.

pressions to cease, and the quid gives a sensation of pleasure to the organs of taste, instead of the reverse. The increased action of the salivary glands, however, and of the mucous follicles, continues, and there is no doubt that inveterate chewers, by keeping up a constantly excessive secretion of this sort, occasion a waste of the saliva necessary for digestion, and thus produce dyspepsia and other complaints of the stomach. This is generally admitted, but Dr. Knowlton, of Ashfield, himself a chewer, denies it, and says:—"It is as common for men to have too much appetite for food, as too little; and tobacco serves most admirably to check this excess of appetite, and thus to prevent dyspepsia (which is caused by over-eating), with all its horrid train of mental and corporeal disquietudes. Tobacco consumers, and especially chewers, are very generally healthy and long-lived men. Tobacco is a most excellent depleting agent, to purge, as it were, the brain, keeping off cerebral congestions and apoplexy. Were I in the habit of admiring the arrangements of Nature, I should admire the fitness of tobacco to preserve the brain from sanguineous repletion, by keeping up a secretion of saliva, in the immediate vicinity of the brain. For every ounce of saliva which tobacco causes to be secreted, the volume of blood sent to the brain must be diminished just one ounce. This saves bleeding and a doctor's bill!"\* Be this as it may, chewing tobacco is incontestably the filthiest manner in which it can be used, and I think the most deleterious, as it excites the excretories of the mouth more than smoking, and instead of being practised at times only during the day, is acting on the system without cessation, from the time the chewer rises in the morning till he retires at night, with the exception of meals, and I know some persons who go to sleep with the quid in their mouths, and thus keep themselves always under its operation. Its effects on the breath are obvious and offensive, and have afforded frequent subject of animadversion. King James I., in his *Counterblast*, particularly denounced them, and his denunciations have found a response in all the more modern phillippics against the plant; but Dr. Knowlton (op. cit.), even in this respect, defends his favorite weed. "We are told," he says, "that the use of tobacco is filthy. I admit this objection in all real force. But what is a little colored saliva, when weighed, as in the balance, against the immense good which I have shown to arise from the use of tobacco? No one thinks of spitting on a clean floor; and to spit upon a dirty floor serves the good purpose of hiding the grease spots—and thus protecting the woman at the expense of the man. Surely the women can't complain on this score. We are also told that chewing tobacco discolors the teeth. Well, they are easily made white again; and besides, teeth of a yellowish color don't look half so bad as rotten teeth, and great ugly spaces where teeth ought to be. We are told that tobacco renders the breath offensive to all who do not use it. Not so bad as rotten teeth: and besides, that is *their* fault; all *should* use it."

When tobacco is first smoked, it gives rise to a train of symptoms like those described as being occasioned at the commencement of chewing,

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\* Tobacco defended, &c., in the *Boston Investigator*, Vol. vii. No. 47.



but like those they are temporary, soon giving way to a persistence in the habit ; if, however, the impressions are too much disregarded in the beginning, and the practice is pushed to extremes by the novice at his first attempt, in spite of them, the effects may be fatal. Dr. Marshall Hall relates a case of this kind, where a young man smoked two full pipes, although entirely unused to the custom, and so severe were the consequences that the act nearly cost him his life.\* The effects of smoking on the mouth and fauces are the same as those produced by the quid. So also are the effects on the breath. Dr. Thomas Short, himself evidently a consumer of tobacco, and a great believer in the efficacy of smoking for a variety of diseases, thus describes some of the results of the habit. " Habitual smokers," he says, " have a foul, squalid tongue, their senses of taste and smell are impaired, and sometimes lost, the smell of their breath is more nauseous than that of a hog house, or of wind broken downwards after taking flour or milk of brimstone."† This method of taking tobacco is probably the least hurtful of either of the three popular modes, and requiring as it does several collateral helps for its practice, it cannot easily be pushed to such an excess as either chewing or snuffing. Carried only to a certain point it agreeably stimulates the system, but when the degree to which the constitution is accustomed is exceeded, even habitual smokers are affected like novices when they commence. Dr. Hellvigijs, a Dutch physician, relates the case of two brothers who strove which should exceed the other in smoking tobacco. One of them smoked seventeen and the other eighteen pipes. One died immediately, or, to use the words of the original, "*eo momento demortuus*," while the other lived only two or three hours.‡ The number of pipes here mentioned has not unfrequently been smoked with impunity, and the youths of whom Dr. Hellvigijs speaks must have been young smokers, or were endowed with uncommonly susceptible organizations. To some habits the custom of smoking is undoubtedly injurious, and many writers and physicians are firmly convinced that it is in every case injurious, while others go to an equally untenable extreme, and are ready to deny that it is ever so. I have no doubt that its evils have been exaggerated. Dr. Prout says, this habit " disorders the assimilating functions in general, but particularly, as I believe, the assimilation of the saccharine principle. I have never, indeed, been able to trace the development of oxalic acid to the use of tobacco ; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its *abuse*, is evident from their cachectic looks ; and from the dark and often greenish-yellow tint of their blood."§ On the other hand, Dr. Pereira says, " I am not acquainted with any well-ascertained ill effects resulting from the habitual practice of smoking."|| Dr. Christison, though he relates some fatal cases produced by snuff, coincides in this

\* Edinburgh Medical and Surgical Journal, vol. xii. p. 11.

† Discourses on Tea, Sugar, Punch, Tobacco, &c. p. 251.

‡ Ephemerides Academicæ Naturæ Curiosum, Dec. ii. Ann. iii. p. 321.

§ On the Nature and Treatment of Stomach and Urinary Diseases, p. 25.

|| Elements of Materia Medica, &c. vol. ii. p. 315.

opinion.\* Dr. James Johnson, in replying to an article published in the London Medical and Physical Journal, says, "If smoking were so prejudicial as its opponents assert, the world ere this would have been generally aware of it. The increased civilization and knowledge of the century have nearly banished excesses in wine and spirits from among the educated classes. \* \* \* \* \* But tobacco-smoking is certainly on the increase, and we repeat that the common sense of mankind would speedily determine its injuriousness, if it really was injurious in a very perceptible degree. \* \* \* \* \* We feel well assured it is not so pernicious as those who dislike it would seem to imagine."† It has been charged upon both smoking and chewing that they were causes of intoxication from the use of alcoholic stimulants. Dr. S. B. Woodward, and in this opinion he is far from being alone, says, "Indeed I have supposed it was the most ready and common stepping-stone to that use of spirituous liquor which leads to intemperance."‡ Dr. J. Cheyne says, "Tobacco is an enemy to domestic economy and personal cleanliness; it taints the breath permanently, injures digestion, impairs the intellect, and even shortens the life of some of its votaries. \* \* \* \* \* The chief evil, however, in tobacco, taken in any way, is that it leads myriads upon myriads to the habitual use of ardent spirits and opium, and consequently to the ruin of soul, body and estate."§ Dr. Knowlton expressly denies this. "The use of tobacco," he says (op. cit.), "which stimulates, supersedes the call for other stimulants, in a great degree; and I must think that it tends to prevent the use of alcoholic stimulants rather than otherwise. I suppose, however, that almost all old toppers use tobacco in some form or other, because they find that in some degree it supplies the place of their intoxicating stimulus, which they cannot at all times command." A physician of Topsfield, replying directly to Dr. Woodward, says of tobacco, "A word with respect to its leading to drinking. I am inclined to the opinion that drinking leads to smoking, rather than the reverse. The cigar is used to while away the time till another glass is wanted. They are so far connected and associated. But the use of tobacco calls moisture into the mouth, and would therefore seem to preclude the necessity of frequent drinking. Chewers and smokers spit a great deal."||

Dr. J. V. C. Smith says,¶ "the cigar gives rise to all the difficulties that are imputed to the vice of smoking," and he illustrates by declaring that "the inhabitants of whole nations, as Holland, Germany, Russia, and Turkey, are addicted to the custom of smoking from youth to old age, without apparently suffering from the evils that are asserted to have their origin in this pernicious habit," because, as he infers, "the pipe is almost exclusively used." He argues that "much, if not all, the danger to health" arises from the inhalation of the hot smoke into the lungs, and that the shorter the cigar the more this injury is increased. Cigar

\* Treatise on Poisons, p. 774.

† London Medico-Chirurgical Review for April, 1833, vol. xviii. p. 490.

‡ Boston Medical and Surgical Journal, vol. xx. p. 173.

§ Cyclopædia of Practical Medicine, vol. ii. p. 90.

¶ Boston Medical and Surgical Journal, vol. xx. p. 248.

¶ Ibid. vol. xxix. p. 162.

smoking he also considers injurious to the teeth, giving to them a bluish tinge, producing a disease of the lining membrane of the sockets, and destroying the enamel by means of the essential oil, volatilized though it may be. An old physician, writing for Dr. Smith's paper some years before, makes similar assertions respecting cigars and pipes. From the "abuse" of the first he thinks he has seen injury, but declares he "hardly knows the instance from the pipe."\* Dr. Justus Liebig, the celebrated German chemist, whose authority Dr. Smith pronounces of "the highest order,"† says that "smoking cigars is prejudicial to health, as much gaseous carbon is injuriously inhaled, that robs the system of its oxygen."‡ It certainly appears reasonable that such inhalation from cigars or short pipes should be prejudicial, and the oriental method of smoking in very long pipes, and even making the smoke pass through water and thoroughly cool itself, must be far the most preferable in every point of view, whether we regard health or pleasure. It is surprising that the eastern custom is not more generally adopted in Europe and America. In Paris, during the present mania for smoking, the hookah is coming into use, and Barthélemy, in his late poem, thus sets forth its delights.

"Heureux le grand seigneur de l'Inde et de la Perse !  
Tandis qu'à ses côtés, un esclave lui verse  
L'extase des élus dans les flots du moka,  
Un autre est à ses pieds, penché sur son houka.  
Merveilleux appareil, où la tiède fumée  
Refroidie en passant sur une eau parfunée,  
Dans un long serpent in qu'elle suit lentement,  
Dépose l'acreté d'un impur sédiment ;  
Ainsi, pour ses plaisirs, le maître le réclame :  
Car il traite la pipe à l'égal de la femme,  
Et veut que l'une et l'autre, exempte de levain,  
Arrive à ses baisirs en passant par le bain."§

Which verses I would present in the subsequent English dress, adhering closely to their spirit, without pretending, however, to confine myself to a strictly literal translation of every expression :

The Seignior of the East is truly blest,  
By slaves attended as he lies at rest ;  
Some at his side rich floods of Mocha pour,  
Till with their extasy his soul runs o'er ;  
Others obedient, waiting at his feet,  
The hookah bring to make his joy complete.  
Wond'rous invention, first by wealth bespoke,  
To cool for luxury the heated smoke,  
To make it slow through scented waters pass,  
And cool itself in twisting tubes of glass—  
Quit what's impure, and all that's acrid leave,  
So that the lord shall only bliss receive.  
He makes his hookah equal to his wife,  
Both his mere adjuncts of voluptuous life ;  
Pure from the bath, perfum'd, and full of grace,  
Both meet his kisses and his warm embrace.

But the voice of medical men is not unanimous in favor of the pipe ; some there are who think it more injurious than the cigar. Dr. Bous-

\* Boston Medical and Surgical Journal, vol. xx. p. 267.

† Ibid. vol. xxix. p. 162.

‡ Ibid. vol. xxix. p. 162.

§ L'Art de Fumer, ou la Pipe et le Cigare, canto i. p. 13.



siron, of Paris, in a recent monograph on the Action of Tobacco on the Health, asserts that the cigar offers the most simple, commodious and proper method of smoking; that it neither injures the lips or teeth so much as the pipe: that it is less stinking, has fewer *fuliginostés*, does not so much set the teeth on edge, and causes less spitting.\* The same author observes that smokers in the humid regions of the north, die of anasarca and dropsical complaints, while in France, according to him, their maladies are desiccation, consumption, scirrhus hardening and cancer of the stomach.†

The fascinations of the pipe and cigar are so great that Robert Macnish, who has written so finely upon the various kinds of intoxication and deplored their existence, is constrained to say respecting smoking, that its attractions are "quite enough to render the habit too common to leave any hope of its suppression, either by the weapons of ridicule, or the more summary plan of Sultan Amurath."‡

*Snuff-taking* is attended with similar effects upon the system as chewing and smoking, together with an augmented secretion of nasal mucus. In new beginners the irritation it excites in the Schneiderian membrane causes sneezing, but when the habit is confirmed this effect entirely ceases. The sense of smell is diminished by snuff, and the tone of the voice materially altered. It impedes the respiration and is prejudicial to the complexion, which makes it the more surprising that women who are willing to make almost any sacrifice or exertion for the sake of beauty, should persist, as many of them do, in a habit which deprives them of that without which they cannot be beautiful. It is said likewise to increase the volume of the nose, and to render it conspicuously rubicund. Nasal catarrh, coryza, ozæna, lachrymal fistula, polypi in the nasal fossæ, cancer of the nose, and a host of other inflammatory and ulcerous maladies, are charged to the use of snuff.§ It is asserted that it especially gives rise to nervous tremors or shaking of the hands, and the writer who makes this statement tells us, that when Dr. Franklin was at Paris with Sir John Pringle, he begged this gentleman to observe that the complaint was very common to those persons who partook of snuff most freely. Sir John, who was himself an inveterate snuff-taker and afflicted likewise with the complaint, abandoned the habit, and not only caused the disappearance of the tremors, but recovered the "perfect exercise" of his memory which was before defective || Dr. Lanzoni gives a case of apoplexy which he supposes arose from the excessive use of tobacco in the form of snuff, or, as he expresses it, "*ex nimio usu subtilissimi pulveris, vulgo dicti tabaco spagnuolo.*" He first fell into a state of somnolency, which finally passed into lethargy, causing his death on the twelfth day.¶ Pereira, however, says of this and other cases, "reasonable doubt may be entertained whether these accidents really arose from snuff."\*\* Cullen says, "Among

\* De l'Action du Tabac sur la Santé, &c. p. 69.

† Ibid. p. 65.

‡ The Anatomy of Drunkenness, p. 75.

§ De l'Action du Tabac sur la Santé, &c. pp. 44, 46, 47, 48, 50.

|| The Journal of Health, vol. i. p. 33.

¶ Acta Physico-Medica Academiæ Naturæ Curiosum, &c. vol. ii. p. 179.

\*\* Elements of Materia Medica, &c. vol. ii. p. 317.

other effects of excess in snuffing, I have found all the symptoms of dyspepsia produced by it, and particularly pains of the stomach, occurring every day.”\* If some of the snuff is carried from the fauces down into the stomach, this author says (*ubi sup.*) it then “more certainly produces the dyspeptic symptoms mentioned.” Dr. Prout observes, in a similar vein, that the “severe and peculiar dyspeptic symptoms sometimes produced by inveterate snuff-taking are well known; and I have more than once seen such cases terminate fatally with malignant diseases of the stomach and liver.”† On the other hand, a writer of great and deserved celebrity upon therapeutics, Dr. Pereira, says, “The habitual use of snuff blunts the sense of smell, and alters the tone of the voice; but I am unacquainted with *any other* well ascertained effects.”‡ The physician of Topsfield, whom I have before cited, says, “That snuff affects the voice, will not be denied; but it is a question whether the *power* of the voice is affected, even by snuff. The voice takes an unpleasant sound, owing to the nasal passages, as I view it, being thickened and closed by the continued stimulus of snuff.”§ Dr. William Salmon attributes apoplexy to its use, and observes, “I am confident more people have died of apoplexies, since the use of snuff, in one year, than have died of that disease in a hundred years before; and most, if not all, whom I have observed to die, of late, of that disease, were extreme and constant snuff-takers.”|| This assertion, however, bears the marks of exaggeration so distinctly on its face, as to render a formal contradiction, in that respect, unnecessary.

A more pernicious habit of using snuff prevails than that of taking it by the nose—I mean chewing it, and this is mostly prevalent among females of the *haut ton*. Dr. Caleb Ticknor says the custom exists in New York among ladies of the “highest respectability,” and that they use an ivory spoon to feed themselves.¶ If chewing tobacco is injurious, there can be no doubt that chewing snuff is much more prejudicial, because the powder can be far more easily mixed with the saliva, and being more extensively applied to the surfaces of the tongue and mouth, affects the nervous system more and is easier absorbed. A Philadelphia physician says, “We have seen wretched creatures victims to this habit, who, in their haggard countenances and blood-shot eyes, are little better, on the scale of suffering, than the opium-eater described by Dr. Madden.”\*\* It seems to me reasonable, that of all methods of using tobacco, snuff-chewing should be the worst, and the habit obtains, so far as I know, no apologists. Snuff-taking, indeed, in the usual manner, appears to find less favor among writers and physicians than chewing and smoking; but after a review of their opinions, and an examination of the results attending my own experience and observation, I am not able to satisfy myself that it is more pernicious than the other popular modes of

\* A Treatise of the Materia Medica, vol. ii. p. 168.

† On the Nature and Treatment of Stomach and Urinary Diseases, p. 25.

‡ Elements of Materia Medica, &c. vol. ii. p. 317.

§ Boston Medical and Surgical Journal, vol. xx. p. 248.

|| *Sephorum*; or Complete English Physician, or the Druggist's Shop Opened, p. 1141.

¶ Philosophy of Living, chap. iv. p. 112.

\*\* Journal of Health, vol. i. p. 299.

consuming the weed. As regards their ability of being indulged without injury and their effects on the constitution, I think the three methods may fairly be placed very nearly on a level; or if any scale of comparison should be constructed, chewing might be considered as capable of doing the most harm and smoking the least.

Lord Stanhope makes the custom of snuff-taking the subject of a calculation rather too strained and precise to give rise to other reflections than those of ridicule. He computes that in forty years a snuff-taker consumes two years in tickling, and two more in blowing his nose!\* Macnish thinks Napoleon, who was a profuse snuff-taker, owed his death in a great measure to this substance.† It occasioned the death of the poet Jean de Santueil in a singular manner. The Duc de Bourbon, at a supper where Santueil was, caused him to drink a glass of wine into which he had clandestinely put a quantity of Spanish snuff. A complaint of the stomach and bowels was the consequence, which proved fatal in fourteen hours.‡

STEPHEN J. W. TABOR.

*Shelburne Falls, Ms., Dec. 24th, 1845.*

#### REMARKS ON DISEASES OF THE WEST.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

IT is now some seven years since, after having received the honors of my ALMA MATER, at the literary emporium of America, and seeing the profession was well crowded in that section of country, I, like many other youthful aspirants, sought the Far West as a place to commence my career in the healing art. And after a close and unremitted application to the duties of the profession for so long a time, I now attempt to delineate something of the diseases and medical practice in a new country.

Hundreds of our young and enterprising medical men are annually emigrating to the West, to commence practice in a new climate, and among new and strange diseases—diseases of the character of which they have no just conception, and consequently can form no proper and efficient plan of treatment. It is no unusual thing for such young men to come to this country, and commence practice under the most flattering auspices, having, they think, all the necessary education, for they have duly spent the required number of years in studying the rudiments of pathology, and all the conflicting theories of the schools, and have seen considerable of clinical practice at the East. But how soon is their most sanguine hopes and anticipations blasted; although they are here never at a loss for patients or practice, for go where they may, hardly a summer or autumn passes by, but what affords sufficient sickness to keep every one employed that gives himself the name of physician. And here lies the fault of young physicians, as well as some old ones, on coming into a new country; they do not discriminate between the diseases here and

\* Miscellanies, or Prose and Verse, by Stanhope and Harcourt, p. 419.

† Anatomy of Drunkenness, p. 73.

‡ Biographie Universelle, Ancienne et Moderne, &c. tom. xi. p. 370.



what they have been accustomed to; and so treating, at first, our diseases according to the letter of the books, they experience the sad mortification of losing a large number of their patients, and thereby obtain a bad reputation, and are compelled to move and re-locate, or else abandon their favorite object of pursuit. In this manner, I have known many young physicians, well qualified as far as theory and a good preparatory education were concerned, almost discouraged, because they happened to lose a large number of patients for the first season of their practice in this new country.

I do not know, Mr. Editor, in what way I can confer greater benefit on the profession, and through them, in all probability, on a large number of our fellow beings, than by devoting a few numbers in your Journal to the character and treatment of the diseases of the West. Having had an extensive practice for six years in a large scope of country, on the borders of Spoon River in Illinois, and one season (the present) in a section of country nearly approaching the head of Lake Michigan, comprising the counties of Lake and Porter, in Indiana, and La Salle, in Illinois, where the number of patients for the season whom I have visited and prescribed for, has exceeded four hundred, without wishing to assume anything more than what has been the result of such an experience combined with a close observation, it may readily be supposed I shall be able to communicate some facts and incidents, which will be interesting to the student and medical man in the East.

The diseases of the West, for the most part, come and recede according to the variations of the seasons, and the changes of the elements; and to a close and scrutinizing observer, can be easily accounted for, and their approach pretty accurately foretold. Our rivers are almost annually overflowed, either by the great thaw and breaking up of winter, or the vernal rains, or frequently both combined, which cause a dense body of alluvial matter to be added to the already abundant mass of virgin soil. As the waters recede, exposure to the penetrating power of the summer's sun causes an exhalation of *miasm* which fills the air with a stench, on the borders of the streams, at least, hardly supportable. With the exception of a few cases of vernal intermittents, which I consider are more generally the latent seeds of disease of the previous year, which have lain dormant in the system, and which are now developed, perhaps by exposure to humidity, or the sudden changes to which our climate is subject, we have generally a time of uninterrupted health until July or August, when the sun has poured its sultry heat and exhausting influence upon the earth for several months. As far as my observation extends, the mere exposure to wet, even the frequent wading in water, does not seem to cause any unusual degree of sickness, when the weather is not sultry and the heat of the sun not intense. When the sickly season commences, it is sudden and rapid, and, as a general thing, confined to the settlers on the river borders. Here, then, is conclusive evidence of malaria contaminating the whole atmosphere.

What, then, is the physician to treat, when called to the bed-side of a sick patient? He has to treat a case of poison. For, be it understood,

the diseases universally, at the commencement of the sickly season, are fevers of a bilious grade, complicated in all cases, more or less, with congestion and general derangement of the abdominal viscera and secretions. As much as it may be the case, that the diseases of the pure climate of New England are generated in the body, here it seems, generally, diametrically the reverse. Nearly every case of fever is preceded by a chill, of longer or shorter duration, according to the amount of poison inhaled, the contaminated state of the sanguiferous system, and the functional or organic derangement which has already taken place. Reaction may consequently be violent or mild, may assume a continued form and become inflammatory, or prove periodical, forming what is termed the remitting fever. Continued or inflammatory fevers will be general some seasons, and at others, though fevers are as much prevalent, they will be almost universally periodical, or remittent. Here, again, is another evidence of the subtle nature of the poison of those diseases which are with the utmost propriety termed miasmatic. In the remitting form, if the physician see the patient during the chill or the cold paroxysm, he will find him, perhaps, with a pulse hardly perceptible, weak and thready, and apparently indicating great debility; his countenance is livid, features ghastly, extremities and often the whole surface of the body cold; a sighing disposition for breath, and great difficulty of breathing. He complains, if sensible, of feelings of oppression at the epigastric region and a sensation of heaviness. There are often retching, vomiting and yawning; and great restlessness and uneasiness are manifested, so that the patient can hardly lie quiet in bed. In the more aggravated cases, however, the patient may lie in a stupid manner, showing great oppression of the cerebral organ. Of all the diseases which are common to the West, the symptoms above described are more calculated to mislead the young and inexperienced physician than any other, and they serve to try his judgment and determine his future success. It is in such diseases, that quick discernment, close scrutiny and good judgment are required; and let me here advise the young physician to throw aside all theories, and depend solely upon his own judgment and ability. The hideous phantom of debility has misled more young physicians than any other obvious symptom that can be conceived. In forming his diagnosis, in a case like the one just detailed, let the physician ask himself, as he stands by his patient, what is the cause of this evident state of debility? Is it direct or indirect debility? This is the important question to be solved. Let me then say, that in all such cases as the one above described, the debility is indirect. The system is oppressed; the vital organs are crowded with a load of blood as viscid and black as tar. Let me remind the young physician of another fact which many seem to forget; that is, the chill or the cold paroxysm in which the patient is found, is not the disease, it is only an evidence of disease. It is self evident, that nature always labors to resist disease. When the vital functions are deranged, and the organs of life obstructed so that they cannot perform their office, a chill comes on, which indicates that nature is overcome—it discovers the state of oppression, the degree of poison the sys-

tem is laboring under. Now if the inherent power to sustain a balance is sufficient, nature gains the ascendancy, and soon manifests it by reaction, which is the hot or febrile stage. According to my view of the case, the fever or the hot stage is only to be looked upon as another evident symptom of diseased action, which must be sought for, and the cause must be removed as speedily as possible; for if the current of disease is allowed to gain upon the system, and its periodical manifestations again and again to take place, the circulation will at length become so obstructed and so low, that reaction, with the assistance of stimulants and all that the medical art can do, cannot be produced, and the machinery is at once wound up. I have seen many patients die in this appalling manner, when neither they nor their friends had apprehended any danger before the fatal paroxysm, or even the necessity of calling the physician.

It can hardly be supposed that a sufficient quantity of miasm is inhaled at any one time to produce such disastrous consequences. Where, then, is the first diseased action, and where is the seat of such a state of disease as has been described? A number of cases of autopsical examinations, which I have witnessed, have discovered the liver, in the first place, to have received the onus of the poison; its secretions for a length of time have gradually become bad, the bile has become thick and viscid, the ducts have become obstructed, and the bile has literally become dammed up in the liver, so that in nearly every case of death from congestion, that I have witnessed, the liver has been found of twice its natural size. This is but a small part of its mechanical obstruction to the system. After it obtains a certain engorged state, the blood, in consequence of the bile not being secreted, is gradually becoming thick; it loses its specific vital properties, and after repeatedly becoming contaminated with the miasmatic poison, it is unfit longer to send forth its life-giving energies. Some unobserved cause produces a disturbance of that nice balance, which more than human skill devised, between the arteries and the veins, and a consequent sinking and chill come on. Under this view of the case, what is the general plan of treatment to be pursued?

No specific plan of treatment, as adapted to every case, can be devised. It must be modified, by the judgment of the physician, according to circumstances, and the present symptoms of the case; for what might be a severe and dangerous attack in one patient, will be borne without suffering or alarming effects by another. But in all cases, the object to be kept in view is—first, to produce re-action and sustain the patient from sinking; and then the physician should give an antidote with a deobstruent. To accomplish the first, heat must be applied both to the extremities and the whole body, when the cold stage is great, and the disposition to sinking strongly marked. Sinapisms of strong mustard must be applied over the thorax and abdomen; and some diffusible stimuli, such as æther, brandy and camphor, must be given frequently, in considerable doses, until there are evident signs of full re-action. The patient must be supported by the stimulants until the circulation becomes uniform, and the system is relieved from oppression; for should the physician cease giving stimulants too soon, fearing re-action may be too vio-



lent, the patient would again sink, and, in spite of all his efforts, could not be again raised up. Let him apprehend less danger from increased action and undue determinations subsequently, than from the cold and sinking stage. The physician in a new country should constantly keep with him strong flour of mustard, spirits of terebinthina, and powdered camphor. He must not depend on finding these articles in possession of his patient, for most settlers in a new country make but little preparation for sickness. As the next step in the plan of treatment, sulphate of quinine must be given, with large doses of submuriate of hydrargyri; for an adult six or eight grains of quinine, combined with forty, sixty or eighty grains of the submuriate. If the calomel does not prove actively cathartic, in the course of three or four hours, some laxative, such as castor oil, infusion of senna, or the neutral salts, should be given. The use of quinine should be persisted in, without any reference to the calomel, in smaller doses every two hours, for twenty-four, thirty-six, or forty-eight hours, until copious bilious stools are procured, the liver and gall-bladder disorged, and all symptoms of a periodical disposition to chill are subdued.

ANDREW STONE, M.D.

*Crown Point, Lake Co., Ind., Dec. 12th, 1845.*

#### BROCCHIERI STYPTIC.

[ALTHOUGH the public papers are freighted heavily with admiration of a reputed great discovery made by one M. Brocchieri, who is represented to have distilled a mixture of herbs, the product of which heals up a wound in the carotid artery in twenty minutes, we do not hesitate to declare our utter disbelief in the statements. Not to be in the rear of other Journalists, however, in heralding whatever purports to be important scientific intelligence, a synopsis of the reputed virtues of *L'Eau Brocchieri* is here given. If it were not described as being a sovereign remedy for so many physical liabilities and ailments, our organ of wonder might have been excited into more activity. As the history of the discovery now stands, it is wholly at variance with nature's laws and the established processes by which she conducts all vital operations. The following is represented to be a statement of M. Blanqui, of Paris. Other experiments are also detailed, with portions of a report of a committee of the Society of Medicine of Paris, in its favor, and assertions respecting its cure of rheumatism, cancer, asthma, &c. &c., but which it is unnecessary to publish till something more authentic reaches us.]

We assisted a few days since at a series of experiments of a very remarkable character, which seemed to place beyond all question the efficiency of an anti-hemorrhagic fluid, discovered by M. Brocchieri, a Neapolitan chemist. Whatever may be our habitual prejudices against all kinds of miraculous waters, we cannot refrain from stating here the decisive facts of which we have been the witness. They are facts which by their importance appear to us to be worthy of the deep attention of the medical world.

M. Brocchieri has discovered a fluid which appears destined to put an end to many of the embarrassments of surgery, and to render immense services to humanity. This fluid, of which the secret rests with the inventor, is the result of the distillation of several vegetable substances. It is perfectly clear and limpid, has an odor of tar, and a slightly acid taste. It can be drunk with impunity, the inventor having drunk a large glass in our presence.

In the experiments made before us, the operator opened the carotid artery of a sheep. The incision necessary to discover the artery produced a hemorrhage which was immediately arrested by the application of the fluid. The wound remained clean, a little sanguine, of a rose color, and the blood ceased to run from the veins which had been divided. The knife was then put into the carotid artery, and the blood spouted over the pavement. This was the critical moment. A small portion of lint, saturated with the water, was placed on the wound, and without bandage or compression remained twenty minutes. The sheep was then suffered to go at large, and immediately began to gambol about the slaughter house, where the experiment was conducted, and eat hay with avidity.

The wound was examined with attention. It had no blood upon it, was open, and the edges covered with a sort of cuticle, thin and semi-transparent. For the greater satisfaction of those present the sheep was killed, and the perforated artery carefully dissected. The cellular tissue was of a dark red in the neighborhood of the perforation, but it was firm: it had become, in a manner, fibrous, the two edges of the wound being firmly soldered, as it were, by a peculiar composition, elastic and tenacious, which had consolidated them, so that they could not be separated without destroying the artificial tissue which had united them.

It must be that the liquid employed by M. Brocchieri exercises a peculiar influence upon the blood, decomposing and recomposing it, so that it serves to heal the wound from which it issues. There is formed by the operation of this fluid upon the separated bloodvessels a solidification of the blood, which acts as a kind of solder, and heals the wound in a few minutes.

M. Brocchieri states that, under the influence of his fluid, the wound heals without inflammation or suppuration; a sort of animal vegetation, sudden and permanent, takes the place of what is called, in surgery, fleshy pimples. It is the blood which furnishes the base of this animal vegetation—of which the theory is yet to be discovered, but of which the existence is incontestable.

It is easy to conceive of the vast importance of this discovery, if physicians will carefully examine the matter, and give their experience of its application. The greater part of the amputations will cease to be mortal—the compression, the tourniquet, the ligatures, the gangrenes, will become more and more rare. In the field of battle, it will save thousands of the wounded, and will not be less useful in the hospital.

Similar experiments took place before MM. Amussat, Lisfranc and Perizet, with equally conclusive results.

## ON HYPOTHESIS IN MEDICINE.

From Dr. H. J. Bigelow's Address before the Boylston Med. Society of Harvard University.

BUT such mental efforts precede the discovery of every law in science. Every discoverer forms his hypothesis, and tests it by the truth; if the facts are numerous, the inductive method, with its tabulating machinery, offers the surest and the shortest test; if, on the other hand, the facts are few in number, especially if a law of cause is being tested by laws of phenomena, which then bear to it the relation of simple facts, I doubt if philosophers commonly have recourse to Bacon's tables; but the process still embodies the soul of the inductive method. It is induction with its tablets in the memory, an analysis far more subtle than the gross elaborations of material tables, but subject to the imperfections of the memory. In proportion as the facts are numerous, or extended through a long period of time, impressions are distorted and effaced, and results become inaccurate. It is this induction of the mind which accumulates what is called medical "experience"; and it is the multiplicity of facts which makes it so inaccurate. Apart from the results derived from the experience of others, medical experience is preceded by hypothesis. Unless the observer has no aim or object in his experiments, he wishes to ascertain something; the frequency of a symptom, or the effects of a remedy. His first few experiments give him a leaning to one side or the other, inappreciable though it be, or even disowned by himself. This is his hypothesis, and he goes on to correct or verify it.

All individual experience in life is summed up in hypothesis of future probabilities. By original experience I mean that which is not communicated to us by others: the philosopher has his hypothesis of the laws of the mind; the burnt child has his equally stringent hypothesis of the action of caloric.

In a word, hypothesis in its wide sense is based upon experience; it is the sum of past knowledge aggregated, with a view to its bearing upon future knowledge. From the wildest theories of Kepler, to which he was pointed by some hand invisible to other eyes, down to the most inevitable results of accumulated facts, all is hypothesis in its bearings upon the future and the unknown. I am aware that such a view leads to the acknowledgment of an hypothesis of cause based upon experience; but if we are sure of anything, if we know that a material mass will feel the influence of gravitation, are we not infinitely more certain of the truth founded upon all we know of constant and seemingly necessary precedence in the material and the immaterial world.

Hypothesis is drawn from few facts, and applied to many. It is experience of the past pointing to the future. But as there are some men who buy their experience in life dearly; who can take no hint; whose unyielding intellects are not to be impressed by the contact of occasional or inconsiderable truth, so there are minds in science whom no flash of revelation can arouse. The ability to detect scientific truth upon slight indications, marks the genius of the observer. Dullness may detect



truth, as the uneducated peasant stumbles upon a rich vein of ore ; but the true discoverer studies the dip and succession of the strata ; his quick eye detects the "lead blossom" which the metallic salts have nourished ; and he sinks his shaft upon the mineral.

Do not suppose a mind like Louis' ever piled up medical facts, unless to instruct his followers, without some intention, expressed or unexpressed, of investigating them in some special point of view ; and even had he thus amassed ten accurate cases of typhoid fever, is it possible the common lesion should have escaped his notice ? No ; it became in his mind the hypothesis, which the tables of Bacon then tested and confirmed. In observation of details, hypothetic laws of phenomena, or cause, are thus forced upon our notice. It is the nature of the mind to recognize them. If they are imaginary, subsequent induction will demonstrate their fallacy. And while the perception of these simpler laws is inevitable, I would ask whether, in the discovery of more complex laws, the paucity of facts does not compel the assumption of tentative hypothesis, based upon slender evidence ? Could the laws of Kepler of the theory of gravitation, or of luminous undulations, have been evolved by the machinery of any set of tables ? I think not. There were not facts enough to accumulate the common element in quantity sufficient to make it obvious. Its nature was only suspected ; it was taken from elsewhere ; it was supplied by the mind ; its powers were tested, and it was found to account for the phenomena.

The ready detection of this common element, it has been said, distinguishes the genius of the observer. It is talent of a high order. It is a power which at one effort embraces a wide range of knowledge ; whose glance takes in the whole ; it has a breadth of view which seizes and distributes details in all their vastness ; it perceives similarities in the remotest facts ; it intuitively grasps their hitherto unknown relations, and unites them in the bonds of obvious, though startling truth. It is the true wit of science, akin to one of the high characteristics of active intellect, which sees and combines dissimilar ideas in new and sudden relations.

All great observers have possessed this talent for the perception of remote analogies. Of Bacon, who probably did not appreciate its value, Macaulay has said : "He possessed this faculty, or rather this faculty possessed him, to a morbid degree. When he abandoned himself to it without reserve, as he did in the '*Sapientia Veterum*,' and at the end of the second book of the '*de Augmentis*, the feats which he performed were not merely admirable, but portentous, and almost shocking. On those occasions we marvel at him, as clowns on a fair-day marvel at a juggler, and can hardly help thinking that the devil must be in him."

The mind of Newton, sensitively alive to the slightest suggestion of nature, endowed with an exquisite scientific tact, seized and followed up her merest intimations. Through long ages she had hinted to philosophers in the falling leaves of autumn ; in despair she had cried to them in the tumbling rocks and roaring waterfall ; but, toiling with the barren

abstractions of theory, they heeded not her voice. In the falling apple Newton read her wish, and said,

"Malo me—petit—puella  
Et fugit ad salices, et se cupit ante videri;"

and he followed her and knew her mystery.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 14, 1846.

*Smallpox and Vaccination.*—The following questions have been submitted to the editor by a correspondent.

"1st. Do you think it necessary that an individual should be vaccinated more than once in the course of life, provided we are *certain* that he had the *real vaccine disease* in the first instance? 2d. If so, how often; and do you think that frequent vaccination will prevent a person from having the varioloid, if exposed to the smallpox? 3d. Will a person who has had the vaccine disease, take the *varioloid from the varioloid*? 4th. Will a person who is not protected in any way, take the *smallpox from the varioloid*? 5th. At how early, and at how late, a period will it do to take virus from the arm, to be used again, and does it make any difference whether it be taken from a child or from an adult, provided they are both healthy?"

To these interrogatories we give the following answers as the result of our experience. 1st. As the question is stated, there is no reason why the operation should necessarily ever be repeated. 2d. Varioloid is exhibited only in persons imperfectly vaccinated; that is, the virus is purulent, or has undergone changes by age and atmospheric exposure, which leave a susceptibility to receive smallpox, but modified by the partial constitutional influence that even deteriorated matter exerts on the system. 3d. Yes, if he had the vaccine disease imperfectly. 4th. Yes. 5th. It may be taken as early as the sixth day, but never later than the eighth or early part of the ninth. Much of the bad virus, and therefore imperfect vaccination, is from matter taken later than the eighth, viz., the ninth, tenth, and even twelfth day—especially when performed by all sorts of persons, with pins, needles, &c. By common consent, a child is considered the best source from which to procure virus.

*Healthy Skin.*—Messrs. Appleton & Co., New York, have recently published "A Practical Treatise on Healthy Skin, with Rules for the Medical and Domestic Treatment of Cutaneous Diseases, by Erasmus Wilson, Surgeon, &c." It is an admirable work, which must be well received by those who are at all ambitious to understand a subject of such importance as the diseases to which the skin is incident. Under the very best auspices, every candid physician is generally ready to acknowledge his inability to manage many of them, with any degree of certainty. There are a series of steel engravings, illustrative of the anatomical struc-

ture of the different textures, and such parts as necessarily require elucidation, from their intimate association with the skin, that enhance the value of the author's researches. A beautiful and accurate magnified section of the minute architecture of a wart, a corn, the various orders of hairs which cover the body, and other things, both curious and useful to the student and the every-day practitioner, give additional importance to this volume. There are 18 chapters, embracing every conceivable form or phase of alteration in the dermoid textures, and abounding in observations which have an important practical bearing. The style is neither labored nor over-done, but natural, and therefore easy of comprehension. Copies in Boston are to be had of Jordan & Wiley.

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*Churchill's Midwifery.*—Presuming that all well-read practitioners are conversant with the excellent writings of Dr. Fleetwood Churchill on Midwifery, a principal object of this note is to announce a second American edition, altogether superior to the first one. Messrs. Lea & Blanchard, of Philadelphia, have brought out this edition, comprising 552 pages, accompanied with notes and additions by Robert M. Huston, M.D. There are one hundred and twenty-eight illustrations from the drawings of Bagg and others, engraved by Gilbert. If anything could give additional value to a professional work by Dr. Churchill, these would do it.

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*Hoblyn's Chemistry.*—A truly valuable little manual, with a modest title, by the author of the "Dictionary of Terms used in Medicine," has been furnished to the profession and all others who have an interest in the beautiful and extraordinary science of chemistry, by S. S. & W. Wood, New York. As a whole, it is comprehensive, and yet by no means tedious. For common schools it would be admirable for teaching the first principles of chemistry. For all orders of students, it must be also a ready and pleasing bibliographical companion.

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*A Golden Palate.*—Reference has often been made, in this Journal, to the extraordinary dental skill of Dr. Joshua Tucker, of this city, distinguished for his ingenuity, under trying difficulties, in patching and mending imperfectly developed or broken and decayed organs of the human frame. Within a few weeks a young man from Connecticut was placed under the care of the brothers, Drs. Tucker, in Hamilton Place, with a view to having some remedy, if possible, from art. The patient was minus not only a part of the hard palate, but also the whole of the velum palati. In looking into the throat, there was seen no valve, nor even the fragment of one, to hide the posterior openings of the nasal cavities. A very defective articulation, therefore, necessarily existed. They first constructed a hard palate, of gold, which was admirably adjusted. On the posterior margin of that, was an artificial valve, of India rubber, attached to the inner edge of a spring, somewhat resembling, in form, the letter V. Instead of being in one single piece, it was constructed of strips, which allowed one to slide over the other, and resembled the feathers in a pigeon's tail, when spread out. So nicely was this part of the mechanism fitted to the ragged muscular walls on the anterior



boundary of the pharynx, that when finally introduced to its place, it was grasped by the apparently loose extremities of the muscles, and the fan-like valve moved by them, very much as the natural one is narrowed or widened in every well-formed throat. By this curious device, the description of which falls infinitely below what is due to the ingenuity of the gentleman who contrived it, a modification of the voice is produced, that must ultimately prove of invaluable service to the person for whom it was constructed. After a little practice, we can discover no reason why he may not articulate with a distinctness that shall be perfectly satisfactory to himself, and without having it at all suspected by others that a congenital malformation of an essential part of the vocal apparatus ever existed.

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*Worm in an Abscess.*—Dr. Henry Bigelow, of Derne St., informs us that a boy, 9 years of age, has been under his care with an extensive superficial abscess on the whole front of the abdomen. When opened recently, about one inch below the umbilicus, it discharged very copiously, for about three days; but on the fourth, the flow was checked. Pain ensued, and it was re-poulticed. On taking off the first poultice, a large round worm, eight or nine inches long, made its exit, alive. Very shortly after, the patient perfectly recovered.

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*Chart of Poisons.*—Dr. R. T. Crosby, of Manchester, N. H., has devised a tabular scheme of all the prominent poisons—chemical, vegetable, and animal. The articles are arranged in one column; and opposite each, in other columns, the symptoms produced by them are noted, the best known remedies, &c. As the popular names of poisonous articles are retained, instead of the chemical and botanical terms, the whole can be understood by all who can read. It is designed to be suspended for common observation, and is to be the guide in all emergencies by poison, till medical advice can be obtained. It is about being published, and whenever it appears, notice of it will probably be given.

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*Dr. Bigelow's Discourse.*—A few extracts are republished, to-day, from the discourse delivered by Dr. H. J. Bigelow, before the Boylston Medical Society, as a sample of his reasoning, good taste and accurate judgment. There is much to hope for the future from such promising indications.

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*Needle found in the Heart of a Cow.* By J. H. BEECH, M.D., of Gaines, N. Y.—About four years ago, Mr. Jas. Mather, of this village, requested me to examine the body of a cow which had just died, being in very good flesh. He had owned the cow about two years: she had been sick at short intervals during most of the time, and recently had appeared to be distressed for breath. I found in the pericardium two or three quarts of thinish, purulent, *arrid* matter. In taking out the heart, my finger was pricked with what I found to be the point of a large darning needle. I think its track could be seen from the œsophagus; it seemed to have entered the right ventricle just below the middle, had passed directly through, and was fixed across the left ventricle about through the middle, with the point sticking out on the left side  $\frac{1}{4}$  of an inch. There was slight hypertrophy of the walls of the ventricles; otherwise the organ ap-

peared healthy. Some congestion existed in a small portion of the left lung. These were all the signs of disease which I saw; the weather was very cold, and I was unable to make as close an examination as I would have liked.

I have the needle now in my possession; it is very much rusted, but the eye is still entire.

This cow had been fed on "stops" by a former owner, but not while in Mr. M.'s possession. I think she must have got the needle in that way, and that it had been in the body more than two years, and for a long time in the substance of the heart.—*Buffalo Medical Journal*.

*Medical Miscellany*.—There were 26 deaths by smallpox at Philadelphia week before last.—Dr. White, the Oregon delegate, is about returning again.—A paper called the Magnetist, advocating mesmerism, and edited by Dr. John Thompson, has been started at Richmond, Virg.—The anti-hemorrhagic fluid, discovered by M. Brocchieri, a Neapolitan chemist, makes a good text for professed paragraph makers.—Dr. S. J. W. Tabor, recently of Shelburne Falls, has become the editor of the Northampton (Mass.) Democrat.—A child was recently born near Detroit, without arms. The right leg stops at the knee, and has a foot which moves freely; the left leg is perfect to the ankle, but the foot is singularly clubbed. There are but four toes on either foot.

TO CORRESPONDENTS.—Dr. L. Woodruff's paper on Stimulants in Inflammation, Dr. Chapin's on Instrumental Delivery, and Dr. Chapman's on Intermittent Fever, have been received.

MARRIED.—At Salem, Mass., Dr. James Stone, Jr. to Miss E. Shreve.

DIED.—At Charleston, S. C., Dr. Lesigneux, the oldest physician in that city. He was a native of France, aged 84, and had practised in Charleston for over half a century.—At Richmond, Va., Dr. James McCan.

Number of deaths in Boston, for the week ending Jan. 20, 33.—Males 17, females 16. Stillborn, 9. Of consumption, 7—smallpox, 4—child-bed, 1—erysipelas, 1—scarlet fever, 4—infantile, 3—disease of the liver, 1—bronchitis, 1—lung fever, 3—hooping cough, 1—inflammation of the brain, 1—paralysis, 1—cancer, 2—convulsions, 1—dropsy of the brain, 1—old age, 1.

Under 5 years, 12—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 2.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Dec. | Therm.        | Barometer.          | Wind. | Dec. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 30 to 36 | from 28.90 to 29.38 | N E   | 17   | from 21 to 40 | from 29.28 to 29.40 | N W   |
| 2    | 19 24         | 29.60 29.30         | N W   | 18   | 33 40         | 29.25 29.35         | S W   |
| 3    | 9 20          | 29.70 29.76         | N W   | 19   | 33 36         | 29.13 29.16         | S W   |
| 4    | 14 27         | 29.25 29.60         | N E   | 20   | 19 27         | 29.29 29.37         | N E   |
| 5    | 26 31         | 29.79 29.12         | N W   | 21   | 13 20         | 29.12 29.16         | N W   |
| 6    | 20 24         | 29.39 29.58         | N W   | 22   | 15 21         | 29.26 29.33         | N W   |
| 7    | 12 23         | 29.70 29.77         | N W   | 23   | 14 27         | 29.57 29.66         | N W   |
| 8    | 22 32         | 29.43 29.55         | S W   | 24   | 11 23         | 29.79 29.63         | N W   |
| 9    | 26 37         | 28.98 29.10         | N W   | 25   | 21 23         | 29.40 29.53         | N E   |
| 10   | 24 30         | 29.62 29.23         | N W   | 26   | 21 22         | 29.45 29.50         | N E   |
| 11   | 11 14         | 29.40 29.62         | N W   | 27   | 15 28         | 29.38 29.48         | N W   |
| 12   | 0 14          | 29.78 29.86         | N W   | 28   | 23 36         | 29.23 29.30         | S W   |
| 13   | 1 31          | 29.90 29.94         | N W   | 29   | 27 42         | 29.20 29.30         | S E   |
| 14   | 13 30         | 29.48 29.72         | N E   | 30   | 30 36         | 29.16 29.20         | N W   |
| 15   | 36 36         | 23.78 29.00         | N E   | 31   | 13 22         | 29.40 29.58         | N W   |
| 16   | 21 31         | 28.68 28.89         | N W   |      |               |                     |       |

Range of the Thermometer, from 1° below 0 to 42° above. Barometer, from 28.68 to 29.94. Rain, 5.39 inches—Snow, 13 inches.

*A Suit for Medical Services by a Clairvoyant.*—In Justices Court, Poughkeepsie, N. Y., William Livingston *vs.* Henry S. Marshall. This was an action for medical attendance and services by the plaintiff and Jackson Davis, in the defendant's family, examining and prescribing for his wife and daughter. The bill claimed was \$50. The plaintiff proved his services. On the part of the defendant it was proved by the cross-examination of the plaintiff's witnesses, that Livingston and Davis doctored on the plan of medical clairvoyance. The mode was described by putting Davis to sleep, and that then he examined the patient and prescribed the remedies to be applied; that what he named was taken down by Livingston and invariably given to the patient; that all the examinations were made by Davis when in the mesmeric state, with a handkerchief over his eyes, and that Livingston made no examinations himself. The defendant then called witnesses who swore that they had examined (one of them Dr. Hughson) over 100 cases. That the person mesmerized could not tell the internal condition of a patient any better than a drunken man, or one in a half-sleeping, half-waking or dreaming state. Dr. Thomas testified that the whole system was a piece of fraud and humbuggery; and that upon ascertained principles no one can tell the nature of an internal disease by this mode, any more than to tell the fortune of a person by looking at his hand.

The witnesses further testified that this was no branch of the practice of physic and surgery. Some other evidence was given, but not very material. Mr. Thompson, counsel for the defendant, then summed up the cause, and contended,

1. That no action would lie for the wages of a misdemeanor; that the law will not enforce any such contract, expressed or implied.

2. That the pretence of prescribing for or curing disease according to the responses of a sleeping boy, is all jugglery by statute; and a misdemeanor, no judgment being exercised by the physician—1 Review, p. 745, s. 1.

3. That the consideration of the promise had failed, being a *fraudulent and false* representation of skill and ability to cure, &c.; a mere gambling device.

4. That it was not a branch of "physic and surgery," and therefore such services could not be made the ground of an action under the repealing statute of 1844, in relation to the practice of medicine.

Mr. Thompson gave the history of the various medical humbugs which have been adopted and exploded for the last 200 years, especially of the touch for king's evil; of the weapon ointment, in which case the wound of the patient was washed and the weapon carefully anointed with the ointment and laid away, which effected the cure; the tar water mania of Bishop Berkley; the universal catholicon; to which the counsel added the history of the delusion under Matthias, who had a mode of his own of whipping the sick devil out of his patients with a cowhide! The case was then, after an able speech from C. S. Corlis, counsel for the plaintiff, submitted to court, who decided in favor of the defendant, principally (it is said) on the ground of the deception and fraud of the system.—*Poughkeepsie Telegraph*.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## ON THE USE OF SEDATIVES IN ACUTE MANIA.

From Clinical Lectures by John Conolly, M.D., Physician to the Hanwell Lunatic Asylum.

IF I can rely upon my own recollection and notes of the numerous cases in this asylum, and in private practice, when I have taken every precaution to avoid error, I should say that the application of sedative medicines to recent cases of mania is of very limited usefulness. In the more chronic forms of the malady their efficacy is greater; and in many cases both of chronic mania and melancholia they are of the utmost service.

It seems to be in cases in which the pulse is soft and weak, the skin of moderate warmth, and the whole bodily condition of the patient languid, that sedatives are chiefly useful, by allaying nervous irritability.

As regards the medicine to be selected, in such cases, I have also to confess my inability to perceive the nice differences in the effects of the various and numerous preparations of opium of which I read, and which entitle any one of them to a constant preference. In ordinary practice we find their effects continually modified by idiosyncrasy; and this is equally or still more the case in mental or nervous disorders. With some patients laudanum acts with certainty, and like a charm; others derive comfort for long periods from the acetate of morphia; to some the liquor opii sedativus is alone tolerable; and so of the rest, for their continually increasing number testifies the frequent disappointment incidental to the use of those which went before. In acute mania, I give the preference to the preparations of hyoseyamus, and the ordinary dose of the tincture—the form in which we most commonly give this medicine—should be two drachms; or of the extract eight or ten grains. Indeed, whatever sedative is employed, the dose should be large. Less than a grain of the acetate of morphia is productive of no good effect whatever; and laudanum requires to be given in doses of a drachm, or at least of forty or fifty drops. I am speaking of acute cases, for in those of longer continuance use often makes much larger doses necessary. Whatever sedative is given, it is prudent, if the head is at all hot, to apply cold to the head by means of small napkins wrung out of cold water, or a double cap of thin materials, kept wet.

The Indian hemp, which has been lately introduced into English practice, seems to be a valuable addition to our means of controlling vehement nervous disorders. I believe there is very little of the genuine In-

dian hemp now in Europe, but if our observation of its effects in this asylum is not altogether erroneous, it must become an important article of commerce. Few practitioners are less disposed than myself to trust in the alleged powers of new medicines, or more difficult to convince of the actual effects of many of those of older reputation; but after some careful trials of the tincture of hemp, I feel justified in speaking well of it. It is chiefly useful, I think, in chronic cases, in which my own opinion of its good effects is strongly confirmed by the numerous trials made of it on the male side of the asylum by Dr. Begley; and on the female side by Dr. Nesbitt, and more recently by Dr. Hitchman, who, however, has observed that its effects are uncertain, and that when it does not produce sleep it causes pains and twitchings in the limbs. This is exemplified in M. A. P——, in the female ward, No. 10; and it suggests caution in the employment of the remedy. I have known the tincture of hemp useful, although less generally, in acute cases. In one, where the symptoms closely resembled those of delirium tremens, all the unfavorable characters of the disorder disappeared in two or three days, during which the patient took ten drops of the tincture every four hours, and no other medicine. In this, as in some chronic cases, it seemed greatly to increase or to restore the desire for food. You have noticed an active young man in the airing court of the refractory ward, walking quickly about with a kind of military air; he is convalescent from acute mania; too much mental exertion, too much care, and, taken for relief of this, too much opium, disordered his brain and interrupted his pursuits, which were those of a man of education. A difficulty existed in the way of giving him sedatives, in consequence of a vow he had made never more to take any of them. He knew the taste and smell of opium and henbane too well to be deceived into swallowing any; yet his irritable state seemed particularly to require some sedative appliance beyond leeches, aperients and the shower-bath. He was unacquainted with the taste and properties of the hemp, and it was given to him, in the form of extract, with such marked advantage that we consider his present favorable condition in a great measure to be ascribed to its use; and we now entertain no doubt of his entire recovery. In J. B——, a young Scotchman, not long maniacal, the medicine seemed to be equally beneficial. The dose of the extract given has been from one to two grains.

A drachm and a half, and sometimes two drachms, of the tincture have frequently been given in chronic cases of recurrent mania, and although generally with good effects, sometimes without any effect whatever. The tincture employed has been procured from the Apothecaries' Hall. Some tincture prepared from English hemp entirely disappointed us. The warm sun and warm soil of a tropical climate seem to be required for the development of the medicinal properties of the plant.

In those distressing cases, mentioned in a former lecture—in which mania comes on with symptoms of fever, and the patient is excessively feeble and yet extremely restless and violent at the same time, the tongue being coated and brown, and scarcely any food being taken—all sedatives seem to me to be useless, or worse than useless; and in every case

of acute mania it is important to avoid giving sedatives for a long time, or in frequently-repeated doses, as they either obscure the symptoms or modify without amending the patient's condition. In private practice I have met with cases in which patients had been kept more or less under the influence of the acetate of morphia for many months; and certainly with no good effect. Their repetition in increased doses, where they disappoint the first trials of the practitioner, may be followed by very distressing consequences; by wilder excitement, and rapidly increasing debility. To all the preparations of opium the general objection exists of their producing constipation, an objection to which the hyoscyamus is not liable, or the tincture of hemp. I do not pretend to mention everything in this short course; and it is unnecessary to occupy your time by separately discussing the merits of sedatives of minor power, as the belladonna, camphor, the tincture of hop, &c. Upon the whole, the most useful observation which I can make to you concerning the employment of sedatives in acute mania is, that their actual effects, immediate and remote, yet deserve attentive clinical study, and that the diligent observation of many intelligent medical men, resident among the insane, can alone elucidate the interesting question of their precise value.

If their administration in acute mania is as unsatisfactory as my remarks intimate, it becomes the more incumbent upon the practitioner to consider what tranquil influences, not included in the *materia medica*, he can bring to bear on the patient. Exercise in the open air is one of the best; and there are not many cases, in which, during some part of the day, it may not be permitted. If the patient can be trusted, he may be allowed to walk in an airing court for an hour, when no other patients are out; and if an attendant is required, or even if two attendants are necessary, he should be accompanied by them; and the exercise and air will help to cure his distempered brain. If the last walk is taken a little while before the patient goes to bed, still greater advantage may be obtained by it. The next remedial influence is that of a mind rendered quiet by the absence of everything that can disturb it; opposition, contradiction, reproach, all must be avoided: gentleness, patience, forbearance, must be perpetually exercised. These attentions assuage the irritability and unutterable anguish of many minds. Nor must ordinary methods of procuring mental relief by physical comforts be despised. A supper of pleasant food, and a glass of home-brewed beer, or porter, or Scotch ale, are sometimes productive of a better night than "poppy or mandragora, or all the drowsy syrups of the world." Their effect is often so much better than that of other sedatives, that it seems reasonable to ascribe it in some degree to the mental, and in some degree to the physical, satisfaction which it gives to the patient. A few days ago, I found a maniacal lady—who had very recently become insane, and was placed in a private asylum—struggling with the assembled servants, trying to run away, to undress herself, and to throw her clothes and the moveable furniture into the fire. There was no heat of the head, or whiteness of the tongue; the face was pale, and the pulse feeble. The only sedative at hand was laudanum, of which forty drops were given to her, and the dose was re-



peated in a few hours, with a great increase of violence. The next evening the patient helped herself to a large glass of excellent beer, intended for somebody else, and she had a tranquil night. After that the beer was given every night, and no other sedative ; and the patient slept well, and improved rapidly.

In several cases at Hanwell, I have observed the good effects of some supper and beer, even in the chronic cases : and some remarkable instances of violently maniacal patients being tranquillized by Scotch ale given at bed-time, fully confirming the remarks long ago made in Mr. Tuke's work on the York Retreat, and which remarks have, doubtless, led to the mitigation of the lot of many a restless lunatic. Every body knows the occasional relief obtained, in states of exhaustion and irritability, by taking one or two glasses of wine ; and there are patients whose paroxysms of mania are even relieved by what are ordinarily considered stimulants. The mind is, doubtless, somewhat acted upon in these cases by a sense of being indulged and confided in.

We observe in a great number of recent cases of mania that the patient is tolerably quiet all day, but restless and noisy all night. A few are maniacal in the day time, and yet at night sleep well. Some have an alternate noisy and quiet day. What the precise condition of the brain is in this recurrent state of agitation we cannot say, or easily imagine, for the ordinary symptoms really give us no information about it ; the head and surface being often cool, the tongue clean, and the pulse tranquil. It has long been known, by those conversant with the habits of the insane, that many of them during these paroxysms of excitement have an aversion to lying down, and manifest a sort of instinctive avoidance of the horizontal position. If sedatives do not relieve this, and sleep is still denied to them, it is in vain to combat the mere results ; and worse than vain to deprive the sufferer of the poor comfort of getting out of bed and walking about. The unquiet nights are a part of his malady, which for a time resists all our efforts ; and the sleep obtained at intervals during the day is all that the state of the brain permits. Yet the general practice has been to fasten such patients to the bed. In our wooden bedsteads I have pointed out to you the places where rings or buckles were formerly fixed, at the foot, at the head, and at the sides ; to these, straps were easily fixed, for the purpose I have mentioned, but the straps and the rings have disappeared. It was evident that such bondage did violence to an instinctive feeling which a physician ought to respect ; and it was probable that it accumulated some additional and peculiar distress on the patient, which was only avoided when the recumbent position was refrained from. It was opposed, also, to the commonest experience of us all. There are few sufferings of the insane which have not transiently visited almost every sensitive mind ; and on these visitations salutary sympathy has a part of its foundation in every breast. The temporary infliction of a state of the brain and nervous system which forbids sleep, is of all these the most common ; and common sense and experience have taught us all how it is best relieved ; to the insane alone, where this restless state is more aggravated, we deny the relief. Who

among you does not know, that in a long and restless night the best refreshment is obtained by getting out of a hot bed, and drinking cold water, and looking at the tranquil sky; or by reading a book, or by writing some of the thoughts which have kept us waking; or by walking about in a cool room until both mind and body become less irritable, and we can lie down in a state which permits the blessing of sleep to fall upon us. Ask yourselves, then, for what reason, or on what principle, the poor, fretted, heated, irritable maniac, who tosses about in his narrow crib, and cannot close his eyes, and whose active thoughts torture him, and who, therefore, gets up, and walks to and fro in his cell, should be forced back again, and tied down by strap or chain in a bed from which all refreshing slumber is driven, and all peaceful and composing associations? The patient's state is made worse by what he feels to be an injury and outrage; and it was by patients, thus fastened, that the cries and howlings, yet remembered by those who used to pass the walls of the ancient Bedlam, are described as having made night hideous. The patient can scarcely use his limbs, and he therefore shouts or sings with all his might; and he vents the bitterest execrations on all who come near him; for he feels that they come as tormentors, not as friends. All these symptoms, the creations of restraint, are adduced as apologies for its application and reasons for its continuance; and all good feeling between the patient and the attendants, and the patient and his physician, are at an end; if he recovers, it is not the result of treatment, but a happy and a rare escape.—*London Lancet.*

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#### THE PROPER APPLICATION OF STIMULANTS IN INFLAMMATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject of inflammation has been the theme of many an essay, and called forth the opinion of many who have differed more or less both in regard to its nature and treatment. This diversity of opinion among medical men on a subject so important as the one under consideration, is a serious evil. It dampens the zeal of the student, and weakens the energy of the *young* (if not some of the *old*) in practice. Is it necessary that the evil should continue? Cannot the character of inflammation be so fully understood as that there need be no difference of opinion concerning it? If not, then may we despair of adopting any remedial means for its cure, which shall be generally acceptable. I am one of a class who believe in simplicity of diseased action, and consequently a simple yet efficient mode of adapting means for its correction. We have long been taught to believe that in inflammation there was *increased* vascular action, and consequently the measures recommended as necessary for its relief were supposed to be depletory or reducing. More recently, however, a new idea has been advanced concerning its theory, that is, that *diminished* vascular action is an important fact in its character. I am a believer in this latter opinion in all its length and breadth. It is quite clear to my mind that in all varieties of inflammation, *diminished* action

in the vascular system prevails. Although this fact has not been recognized in its theory, yet in the practice almost universally adopted the principle is established. Bloodletting, either *general* or *local*, is practised in many cases on the principle of reducing the supposed increased action. The result of the practice is good, though the reasons for it are founded in error. On the principle of diminished vascular action, the same benefit results from the practice, while the reasons for it are the *reverse*, that is, by diminishing the quantity of fluid in the over-distended capillaries and removing the *vis a tergo*, we enable them to recover their tone and thus render the remedy an indirect stimulant. We must recognize two classes of stimulants—the *direct* and the *indirect*—or, as some call them, sedatives. Contraction is the principal action of the bloodvessels, and, in the state of congestion or over-distension which exists almost uniformly in inflammation, this power is weakened. I think it an important and useful maxim that “diseases are cured by specific stimuli”—and the superior usefulness of one physician over another consists in his being better able to adapt the appropriate stimulant to any given disease. By this you will perceive that I hold to the doctrine that most (if not all) of our curative agents act either in one or the other of these classes of stimulants. Hence, by stimulant I mean any agent which increases the vigor and harmony of action throughout the system.

Many of the remedies classed as antiphlogistics act upon the principle of indirect stimulation. In many cases of external local inflammation, *direct* stimulants prove our most valuable resort. Chilblain (a very common disease at this season) is cured by the daily use of free bathing with *clear cold* proof spirit, followed by the use of ungt. citrini, as well as by any means with which I am acquainted. In ophthalmia, if the inflammation is increased action in the capillaries, why apply nit. argent., acet. plumbi, sulph. zinci, &c.? These surely are direct stimulants; and if the disease consists in increase of action, how is natural and healthy action ever to be established through their agency? In erysipelas we give emetics and tonics, and apply local stimulants. This surely is inconsistent if the essence of inflammation is increased action.

Now if it be true that specific or particular stimulants are our best remedies for *external* inflammation, why may not the same principle be found good in reference to *internal* inflammation? I know the greater difficulty of acquiring a precise knowledge of internal over that of external disease; but when known, is it not treated most successfully by the use of the particular appropriate stimulant?

Sanguinaria, as recommended in tracheitis by Dr. Allen, in a recent No. of the Journal, has in my own experience proved useful, and is, I believe, an appropriate specific stimulant in this disease. Deuto-chlorid. hydrarg., with infusion of seneka, is used successfully in the practice of one of my acquaintances. In pleurisy, venesection diminishes the *vis a tergo* by reducing the action of the heart, while antimony, nitre and ipecacuanha act as stimulants to the congestive capillaries, and thus aid in establishing healthy action. Reducing the action of the heart, which is the antagonist of the capillaries, by bleeding, stimulates them *indirectly*;



and the use of the appropriate stimuli *directly*, enables them to recover their tone. The principle for which we contend holds good when applied in the treatment of inflammation in all the various textures of the body, and consequently I need not cite particular cases.

The rule by which we are to be governed is to apply the remedy which is known to possess the property, either directly or indirectly, of stimulating the capillaries of the particular texture involved. By this I hope to be distinctly understood as opposed to an *indiscriminate* use of stimulants. This is the great cause, I think, of the opposition that exists to this class of remedies. By diligent inquiry into the peculiar action of each given agent, we shall find the appropriate texture and function to which it is applicable, and thus most surely and satisfactorily aid in the removal of disease.

L. WOODRUFF.

*New Britain, Ct., Dec. 31, 1845.*

#### CASE OF ANOMALOUS INSTRUMENTAL DELIVERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just finished the perusal of the extracts from Dr. Bedford's Introductory, contained in your Journal of the 7th inst., and am horrified by the case of embryotomy detailed by him. I am also painfully reminded of a case of ruptured uterus from turning, which once fell under my own observation, but which I refrain from giving, lest the community, the *idiotai*, into whose hands it might fall, should more vociferously exclaim, "*Procul!*"

I wish to state a case of *instrumental labor*, managed by myself, not of the murderous or savage character of that detailed by Dr. Bedford; and of its necessity each may judge. It may prove a counterpoise to the horrifying influences of that case; and show that it is not always the *Doctor* who errs.

Near five years ago I was called out several miles, in haste, to visit a woman in labor. On my arrival I found her lying drenched in blood, pale and languid, and in a vessel under the bed there was not less than three to four pints of blood, which had passed from her during a single effort to make water. I was told that it was a miscarriage—that she was *four months along*. On examination the blood was still pouring from the vagina, the os uteri sufficiently dilated, and encircling a portion of placenta, partly expelled.

Her situation seemed to require prompt action. I was unable to grasp the placenta with my fingers, and had with me no blunt hook. On a former similar occasion I had succeeded well with an umbrella brace bent into a hook, which luckily came to view in my extremity, but in this case one could not be found. *Necessity* led me on, and I whittled a small stick smoothly, some six or eight inches long, with some notches in one side near the end. I then introduced it carefully, between a couple of fingers, into the vagina, and placing the notched surface against the placenta on one side, I held it firmly with one hand, while with a

finger of the other hand, placed on the opposite side of the placenta, I was enabled to make pressure sufficient to extract it, and it came away entire. The flooding directly ceased, and the woman got up sooner than could have been anticipated.

The placenta, on coming away, was small, and no fœtus could be found. I expressed to the woman my opinion that she was mistaken in her calculations, and that she was not more than six weeks advanced. She, however, could with difficulty be persuaded, as, she said, she had "quickenened."

Several weeks afterwards, being in the neighborhood, I understood that the lady gossips said that "the doctor had missed his guess that time," and that "the shingle plan of delivering babies was not always sure." It was, in a word, stated that my patient was still *enceinte*. The report, of course, moved me, and I called on the lady to ascertain its foundation. She was considerably enlarged, having the appearance, externally, of being six months along (I think had cessation of menses); and was *positive* that she was still in the family way. I expressed to her my absolute belief that she was mistaken in regard to her condition, that her increased size was dropsical, and that the motions which she still continued to feel was the movement of flatus. She persisted, with some warmth, that she ought to know, for she had had one child, and she knew the difference between wind and kicks. Soon after this interview, she removed to a distance, taking somewhat circuitously the line of steamboat and railroad, that she might *lose nothing* by the journey. After the time of *her reckoning* had passed, I dropped a line to her husband, being quite desirous to know the sequel of the affair. In return he informed me that my opinion had proved correct, and that by a well-directed course of medicine his wife had been cured of dropsy, and was then in the enjoyment of good health.

A. CHAPIN.

*E. Abington, January 8, 1846.*

#### THE USE OF INSTRUMENTS IN DIFFICULT LABORS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If not every subscriber to your useful weekly, surely every parturient woman who shall fall into their hands, should be grateful for the extract, contained in a late No. of the *Journal*, from the introductory lecture of Dr. Bedford—particularly for that portion which relates to that most reprehensible practice of resorting to instruments in cases of labor. Time was, when the reputation of the surgeon increased in an exact ratio with the number and severity of the operations he performed. Happily for the honor of the profession and the good of mankind, at the present day his reputation depends more upon the *cures* performed than the mutilations he can effect. Why, then, does the reverse of this state of things exist in obstetrical practice? How does it happen, while the country practitioner "travels on, in the even tenor of his way," and delivers his hundreds, and in many instances his thousands, unaided by the use of

instruments, that in city practice these *agents of evil* are so frequently resorted to? So constant, indeed, is their use in the practice of many, that one would almost be induced to censure the Author of our existence, for not having appended a pair of forceps to every female form, to be ready for sudden emergencies.

It has seemed to me, that, could the statistical facts, in possession of the numerous individual subscribers to the Journal, pointed to by the following interrogatories, be collected, and a synopsis laid before the public, it would afford a mass of information highly useful to practitioners of the obstetric art. Hence I forward them, subject to your own decision, whether to publish them or not.

1. What proportion of cases of midwifery, that have fallen within your practice, have required instrumental aid; and of those, what have been delivered by the forceps?

2. Have any cases occurred, and if so, what proportion, where you have used the forceps, which upon further reflection you think would have succeeded by the unaided efforts of nature?

3. By which cause have you witnessed the most frequent injuries to the soft parts of the mother, the use of instruments or the too long retention of the head of the child?

4. Have you ever seen a ruptured uterus from the use of ergot; and, finally, how far do you think the use of this drug can supersede the application of the forceps? Respectfully,

W. W. COMSTOCK.

Jan. 12th, 1846.

#### CASE OF SUDDENLY-FORMED ENORMOUS TUMOR ON THE NECK.

[THE following remarkable case is related by Eugene Palmer, M.D., of the Parish of St. James, La., in a letter to Prof. Jackson, of Pennsylvania, and is published in the last No. of the American Journal of Medical Sciences.]

On the 14th of April, 1845, I was called in great haste to the convent of the Sacred Heart (where I attend between two hundred and three hundred inmates). On being ushered into the Infirmary for the nuns, I saw an old lady extended on a couch, surrounded by the priest, the lady superior and several nuns, with her shoulders elevated and her head reclining backwards; her countenance anxious and pallid; and respiration apparently hurried. She had an enormous tumor over the region of the thyroid gland, extending out in front of the trachea more prominently than I have ever seen in true goitre. The lady superior of the convent, Madame Galway, told me in regard to this tumor, that it rose up instantaneously, while the patient was in the act of conversing with, and standing directly in front of her; that she broke off in the middle of a remark by the cry of "Oh! mother, I am suffocating!" and pointed to her neck, when the superior observed the above-named tumor rise up on her neck, in the space of less than a minute. There was no evidence of physical



or mental excitement ; the patient is between 50 and 60 ; remarkable for a calm and bland disposition, for uninterrupted tranquillity of mind, and is devoting the remainder of her life to the instruction of orphan children sent to the institution. She was born at Savoy in France, where I believe goitre is not an uncommon disease. She stated that there was a partial enlargement of the thyroid gland long ago, and that she had been treated in Europe with the burnt sponge. She was under my treatment two years ago for a severe intermittent fever, when the gland was so small as not to have attracted observation, and continued in the same state up to the 14th of April last, when, it seems to me, that the blood was thrown suddenly and with great force into the parenchyma of that gland ; but by what means, except by rupture of one of the thyroid arteries, remains to me (in the absence of any parallel case) an entire mystery ! The tumor was at first tense and elevated ; the patient complained of constant pain about the ears and back of the head, for the sterno-mastoid muscles were forced outwardly and put violently on the stretch by the pressure of the tumor. On the 2d day its base began to spread laterally ; it became more soft ; and in a few days more began spontaneously to diminish, and has now the appearance of a very inconsiderable goitre. The vertical circumference of the tumor was  $3\frac{1}{2}$  inches ; the lateral circumference, from one edge of the base of the tumor to that of its opposite edge, 5 inches 1 line.

#### HOG'S LARD SUCCESSFULLY USED IN OBSTRUCTION OF THE BOWELS.

[Dr. E. B. Hook, of Jefferson Co., Georgia, gives the following case in the Southern Medical and Surgical Journal. As the difficulty in cases of obstruction of the bowels is so often considered irremediable, any well-authenticated case, presenting a successful result of treatment, is worthy of particular attention.]

My attention was particularly called to a communication of Dr. J. A. Mays, of South Carolina, published in the June No. of this Journal, on obstinate obstruction of the bowels—a disease that startles us by its frequency, and shocks us by its fatality. It has been my unenviable lot to have had several such cases under my care, and to have seen others in connection with other physicians: with one or two exceptions, they all proved fatal.

After much reflection upon this painful subject, founded upon recorded cases, and those which had come under my own observation, I had fully determined to treat the next case I should have, at least after a moderate trial of the usual means, with injections, the mildest aperients, the warm bath, &c. I was convinced that drastic purgatives, used to a great extent, would produce intense inflammation of the stomach and bowels, and therefore should be used with great caution. Having formed this resolution, but not being very confident of the success of this palliative treatment, it gave me much pleasure to meet with and read the communication above referred to. My previous reflections tended to commend Dr. Mays's plan

to my adoption. To fill the bowels in these cases with a mild unirritating oil could do no injury; and might operate advantageously from the aperient quality of the oil, and from its mechanical force in lubricating and distending the intestine. These very probable effects of the proposed plan, in connection with the peristaltic action of the bowels, promised as fairly, as anything known to me, to overcome the obstruction, and I resolved to try it on the first suitable occasion. It was not long before one occurred.

On the 11th of September, as I was passing Mr. J. A. Parker's place, his man Sam bailed me, to say that he had a chill in the morning which lasted two hours, and that ever since (now half past 5 o'clock, P. M.) he had high fever. He had had no operation from the bowels for four days. I prescribed 20 grains sub. m. hydrg. and a dose of castor oil for the next morning.

On the 12th, I found him with considerable fever, tongue coated with thick white fur and disposed to become dry. I learned that he had vomited very freely two hours after taking the submuriate; and again this morning after taking the oil; but neither had produced any operation from the bowels. Having ordered the oil to be repeated as soon as the stomach should be composed, I left him to visit other patients. When I returned at dark he had very high fever, and complained of great pain in the right iliac region, much aggravated on pressure. I bled him, and left him ten grains more of the sub. mur. hydrg. to be taken as before. The stomach had not been sufficiently composed for the oil, and it had not been given. A bag of scalded bran was also ordered to be kept to the iliac region.

13th.—No operation from the bowels; considerable fever; pulse small and rather tense; no perceptible diminution of the pain in the iliac region. I did not think it advisable to bleed him again, as the former bleeding nearly prostrated him, without the least apparent benefit. In the course of six hours he had now taken three large doses of oil and one of salts, administered by his owner during my absence. When I saw him again in the evening there was no alteration, except for the worse. I advised injections to be used freely through the night and left him.

14th, Thursday, the symptoms were, as far as a change was perceptible, dry tongue; retching, but vomiting up nothing; pulse considerably weaker than at any previous period. I now gave one and a half drops croton oil, to be assisted by injections—this was repeated after waiting three hours—injections given frequently. These having also failed, the stomach tube was introduced into the colon, and some five or six injections given in this way; and although the tube was several times introduced its entire length, the fluid would pass back after the lapse of ten, fifteen and twenty minutes, *without color or smell*.

He had now taken thirty grains of the submuriate, about a half pint of castor oil, one large dose of salts, three drops of croton oil, assisted by twenty or thirty injections, including those by the stomach tube, had been kept in the warm bath until the approach of syncope, and had been bled nearly to the same effect, without the least appearance of relief. I de-

terminated to try the hog's lard, as a last resort. I had wished to give it a fair trial, and therefore it was necessary to try the usual remedies first. I now had one quart melted, and succeeded in getting him to swallow one half of it—the balance was injected into the bowels. After the lapse of three hours, one and a half drops more of croton oil was given. After taking it he laid very still for an hour and a half, a complete picture of despair, in constant anticipation of death. At this time, his whole countenance lighting up as if by magic, he suddenly exclaimed, "It has broken loose." On being asked what had broken loose, he put his hand on the right iliac region. In less than ten minutes afterwards, he was lifted up and had a small but very fœtid operation. The bowels now soon began to act freely, the lard passing off in variable quantities with each of the first six or eight stools. He was under treatment a few days longer, without interruption of his convalescence, and was discharged fully cured.

I ascribe this cure to the lard, although the responsibility we feel on these occasions did not allow me to trust wholly to it.

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#### THE PRINCIPLE OF LIFE.

From an Introductory Lecture by Prof. Pancoast, of Jefferson Medical College.

LIFE—how incomprehensible a subject it would seem, did we look at it in any other way than through the organs by which it is manifested. How different the degrees in which it displays itself in the various organs of which the body is composed—between the insensitive bones and cartilages, and the delicate nerves, upon which a single rude touch sends an agonizing vibration to the inmost recesses of the frame. He who would form a proper philosophical idea of the nature of life in all its bearings in reference to his own frame, should begin his investigations with the humblest thing that lives, where life forms the simplest problem, and trace it up in its different developments in the scale of animals. How variously animated is the scene which nature spreads before our view in her myriads of living beings. Among them what endless variety of form, what diversity of endowment. We find them where the complicated structure of man would not allow him to dwell—in the clefts of the rocks, in the depths of the waters, in the obscurities of the woods, and in the mansions of the air; yet each being, with its round of wants and enjoyments, as completely fitted to the sphere in which it moves as man. If we start from the zero point of the scale, where the being is but little more than a living sponge, we find animal rising over animal in regular progression, with organ after organ superadded, endowing them with the power of locomotion, and with instincts and senses for self-preservation—till, finally, in that perfection of creation, the human form, are found summed up all the parts which had been parcelled out in the gradation of animals, with an intellect crowning them all, capable of mounting over the confines of the earth, and guiding and controlling the whole. Yet all of these, from the insect millions that people the air, to the eagle and the condor—from the animals that dwell in the cells of the coral and the sponge, to the



huge leviathan of the deep, and from the humblest creeping insect up to man, all require a supply of nourishment from without, grow old and die, and exist only under the influence of a common principle, which we call life. We know that the chemical constituents of which they are all composed, as oxygen, hydrogen, nitrogen and carbon, are the same as those which constitute the lifeless masses of the earth. What, then, is this mighty talisman, this principle called life, at whose inspiring touch the crude elements of nature start into combination and take on the form and actions of living things? Is its nature within the grasp of human reason?

Do we not find many subjects manifestly less subtle than this to force upon us a conviction of the finiteness of our capacities? What do we know, for instance, of the essence or source of magnetism or electricity? In our first attempts to analyze these subjects, we may seem to comprehend them; but when we pursue the analysis further, the finest intellect becomes bewildered, and at length the road of investigation is fairly closed, as though an impenetrable curtain was dropped before it. Yet the knowledge of them that we do possess, is adequate to all our wants. Magnetism we have converted into a guide to lead us over the trackless bosom of the ocean. Electricity, subservient to our wishes, is made to light up at command, the lamp at our bedside. So in regard to their principle of life, that ethereal essence which gives action to the heart and sensation to the brain, we can know nothing in the abstract. But we may, as the ultimate point to which we can trace life, consider it with a distinguished German philosopher as a breathing of the divinity, a power conferred by the Supreme Architect of all upon the particles of which every living body is composed, and in their due degree and proportions. In the expressive language of Scripture, "God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and he became a living soul."

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#### FRAGMENT OF A KNIFE BLADE IN THE BODY NINE YEARS.

By P. C. Gaillard, M.D.

MR. C. was stabbed with a knife in *December*, 1835, about the middle of the *left clavicle*. He says that he was struck from without inwards, and slightly downwards and backwards. The wound was a severe one, and confined him two weeks to his room; a numbness and difficulty of movement in the left arm were felt for two months after the wound healed. No inconvenience has been experienced from it since. About six months ago, he felt a dull pain under the sternum.

On the 20th of January, 1845, he came to me for advice about a pain immediately below the *right clavicle*, near the sternum. This commenced eight or ten days previously, and felt as if something sharp was sticking him under the skin. The latter had ulcerated, and there was a fistulous opening in it, discharging pus. On examination, I felt a moveable triangular sharp body, seemingly about an inch and a half long, imme-

diately below the clavicle, and apparently attached at or near the sterno-clavicular articulation, feeling like a piece of bone split off from the lower part of the clavicle, projecting forwards, its point about an inch from the sterno-clavicular articulation, and apparently held on at its base by some of the ligaments of the latter. The probe penetrated easily an inch and a half through the opening in the skin, and encountered a hard grating body. There was a considerable scar over the inferior portion of the anterior surface of the *left clavicle*.

The case was seen with me by Drs. Wragg and DeSaussure, whose impressions coincided with my own. We heard nothing of the knife, with which the patient had been stabbed, having been broken, nor was he at all conscious of such an occurrence. On the 22d January, 1845, in presence of Drs. W. and DeS., I cut down upon the body, and found it was a part of a knife blade, pointing obliquely anteriorly, and to the right from under the sternum. I seized it with a forceps, and drew it out without difficulty. It measured 1 inch and 11 lines in length, and 7 lines in width at its base. On its faces were several spots of clotted blood and a little rust. The point was very sharp, the edge (which is single) keen and cutting. It was broken off about the middle of the slit for opening the blade.

There was no hemorrhage or other accident from the operation; the wound healed rapidly, and so little inconvenience was caused by it, that the patient returned to his ordinary business, as serjeant of the City Guard, after the second day, and is now quite well.

*Remarks.*—From the direction of the stab and the length of the fragment, it is probable that the point of the blade, at the time it was broken, rested on the superior part of the second rib, its back against the clavicle. The fragment must have been at some distance from the external wound, or it would have been discovered by the surgeon who attended the patient at the time the injury was received, and it must at first have laid at no great depth under the skin. In its subsequent course, it followed the direction of its point, propelled by the movements of the chest and lungs, and in all probability pressed close against the internal face of the sternum. To make its way out at the place where it was found, it must have passed through the cartilage of the first rib, very near its point of junction with the sternum. Altogether, the case is remarkable, as well for the length of time which so large a foreign body remained in the system without causing any uneasiness, as for the important parts near which it must have passed without injury to them.—*Southern Journal of Medicine and Pharmacy.*

*Surgery.*—Do not identify surgery with the knife; with blood and dashing elegance. Distrust surgical intrepidity and boldness.....Surgery is not operative surgery. Its province is to save, and not to destroy; and an operation is an avowal of its own inadequacy.—*Dr. H. J. Bigelow's Address.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 21, 1846.
 

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*Dr. Pancoast's Introductory Lecture.*—Dr. Pancoast, of the Jefferson Medical College, Philadelphia, who has sustained the chair of Anatomy with brilliant and increasing success for some years, delivered the customary introductory lecture, the present season, and was solicited by a committee of thirty-one students, representing twenty-three States, the District of Columbia, Ireland, France, Porto Rico and Burmah, to allow it to be published. He consented, and our readers will be gratified by the perusal of a brief extract from it in a preceding page. After speaking of the brain as an anatomist should, and of the difficulty of fathoming the profound subject of neurology, which our mesmeric, or rather neurological friend, Dr. Buchanan, of Kentucky, conceives that he has made as clear as star-light, Dr. Pancoast thus admirably approaches a high department, which, in effect, he honestly acknowledges is wholly beyond the reach of his anatomy, learned as he is in the cordage of the human frame.

“ But after all, in this examination of the dead, how little can we actually discover of the springs and sources of life, or rather of that vital principle which puts them all in motion. If we examine the brain, even within a few hours after death, whilst its physical constitution remains precisely the same as during life, what is it to us but a mass of albumen—beautifully modelled, it is true, into many and complex parts—but after all a mass of albumen, quickly falling into putrefaction. Where has gone that intellectual fire, that moral energy, that seemed but recently under the control of the body which is now stretched inanimately before you. Where those seeming inherent powers possessed by the scething brain, acting even in our sleep, and at times, weaving webs in which many characters may play their dramatic parts, at others conjuring up the most delightful harmonies, as it were for its own enjoyment, being itself at the same time composer, artist and audience. This transitory connection of the mind with the frame is a subject beyond human ken. We could form no conception of it but for the lights vouchsafed to us by revelation; and we must, here, without wandering into idle speculation, leave the subject in the hands of those holy men who teach us of its appearance on another stage, and, both by precept and example, “ point to brighter worlds and lead the way.”

“ Such is the destiny of all on earth;  
So flourishes and fades majestic man.

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Shall Spring to these sad scenes no more return;  
Is yonder wave the sun's eternal bed?

\* \* \* \* \*

Shall we be left abandoned in the dust,  
When Fate relenting lets the flower revive?  
Shall nature's voice, to man alone unjust,  
Bid him, though doomed to perish, hope to live?

Is it for this fair virtue oft must strive  
With disappointment, penury and pain?  
No! Heaven's immortal spring shall yet arrive,  
And man's majestic beauty bloom again.”



*Diseases of the Liver.*—With the new year, Messrs. Lea & Blanchard have brought out one of those sterling works on medicine which it refreshes one to examine. It is a sound, practical guide in every-day practice, and opportune, from the circumstance that it does not interfere with any recent publication. Those only, who have felt how difficult it is to decide, or rather determine with certainty upon the true condition of the liver, under some indications of the system, can appreciate a treatise like this. George Budd, M.D., a professor of Medicine in King's College, London, exhibits, in the pages before us, peculiar fitness for the labor he imposed upon himself. He was eight years in accumulating the materials of which the volume is composed. Three years of the time he was a visiting physician of the Seaman's Hospital, where the subjects of diseased livers greatly abound.

Sad havoc is made with the poor liver, the world over; first by vices, and secondly by the abominable inroads made upon health through the ready instrumentality of quacks. Perhaps there are more mistakes made in regard to the actual condition of this organ of the human body than any other, and a misapplication of remedies often follows, injurious to the whole machinery. Many doses have doubtless been prescribed for a liver that never required prescriptions. Such a book as this, therefore, is calculated to direct the young physician with much certainty in whatever is necessary for him to be apprised of, in giving either an opinion or a dose of medicine. The chapters of the book are as follows. I. congestion of the liver; II., on its inflammations and diseases; III., diseases resulting from faulty nutrition or faulty secretion; IV., diseases resulting from some growth foreign to the natural structure; and V., jaundice. The subdivisions of these chapters are numerous, so that nothing has escaped the critical notice of the diligent author. Some of the drawings are colored—and all of them are just what is wanted to illustrate the text, and to identify diseased parts on the subject. Messrs. Ticknor & Co. have copies on sale.

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*Hooper's Examinations.*—A third edition of the well-known manual of Robert Hooper, M.D., has come from the press of Messrs. J. & H. C. Langley, New York, as neat as one could desire. The title page says it has been enlarged and revised, which certainly might have been done, years ago, to good advantage, in the old editions. These examinations are in anatomy, physiology, medicine, surgery, chemistry, materia medica and pharmacy. It is a complete compendium of all these sciences, in the fewest words, and therefore just adapted to the student's pocket, in his daily studies. Ticknor & Co., Washington street, have the new edition.

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*American Phrenological Journal.*—Mr. Fowler has just entered upon the eighth volume of this periodical, with buoyant hopes, a vigorous intellect and a ready pen. Not many years since, phrenology held a prominent place amongst the leading topics of the day. It was the parlor conversation, the tea-table talk, and the subject of very learned disquisitions. With the death of the illustrious Spurzheim, the science, for such it is, was gradually allowed to rest—till its warm advocates and admirers are as scarce as true philosophers. Through all the varying phases of popular

phrenology, the Messrs. Fowlers, of New York, have been consistent advocates of this department of useful knowledge. Phrenology is the science of mind, which is not content with a simple anatomical demonstration of the brain, according to books; but attempts an explanation of the moral nature of man, and shows, by a rigid analysis of the powers of the intellect, the propensities of individuals, and by the past history of the race, that its study is worthy the considerate attention of all. But it is principally to place the Phrenological Journal before our professional readers, that these observations are introduced. There may be a thousand things in it that they might not like, but there is much that would delight, amuse and instruct them. Phrenology necessarily embraces a large field, and hence all the aids and appendages of the sciences in general are resorted to by way of illustration, argument or proofs. This specimen number is well stored and properly arranged. Under the head of *Signs of Character*, many wise sayings and doings are recognized. The developments and character of John C. Neal, author of *Charcoal Sketches*, are singularly curious. "Physiology and phrenology of the Choctaws" is also full of interest. We wish the editor excellent success in the circulation of his work.

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*Littell's Living Age.*—Those of the sober brotherhood of medicine, who have a taste for the choice flowers of general literature, could not find a richer entertainment for unoccupied hours, than this popular weekly periodical. No. 86 presented a captivating variety of articles, many of which had a bearing upon medicine. Medical gentlemen cannot always bend themselves down to the profound researches of the fathers of physic: the mind requires relaxation, and the stimulus of variety too. Again, to live and know nothing of the current literature of the day, betokens an indifference to passing events, and the advances of a high degree of civilization. The *Living Age* embodies all that could be asked in that way, in an economical form.

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*Hearing through the Mouth.*—A correspondent, residing at St. Charles, Missouri, writes, under date of Dec. 30th, that a widow lady at Danville, six miles from his residence, has two deaf and dumb children. "About three months ago," he continues, "one of them, on waking from sleep, ran to its mother, who took it up and kissed it—and while their lips were in contact, the mother spoke aloud." The child put on the look of surprise and delight, and she therefore again spoke in the mouth of the child, who repeated the word. "The operation has been many times repeated, and the little one has learned many words by hearing them through its mouth." "Is this," he asks, "a singular circumstance? Can it be accounted for by supposing there is an occlusion of the external auditory passage—and that the sound passed through the Eustachian tube?"

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*Ohio Lunatic Asylum.*—From the last Annual Report we learn that the number of patients in the Asylum at the close of last year was 146; 79 males and 67 females. Number admitted the present year, 159; 86 males and 64 females. Average number in the Asylum for the present year, 153. Whole number under care during the present year, 296.

Number discharged the present year, 72 : recovered, 44 ; incurable, 11 ; died, 17. Number of recent cases discharged the present year, 41 : recovered, 39 ; incurable, 0 ; died, 2. Number of old cases discharged the present year, 31 : recovered, 5 ; incurable, 11 ; died, 15. Per cent. of recoveries on recent cases discharged the present year, 95.12. Per cent. of recoveries on old cases discharged the present year, 16.13. Per cent. of recoveries on the whole number discharged this year, 61.11.

Number of incurables discharged by Directors this year, 7. Per cent. of deaths the present year 10.75.

*Mortality of Boston in 1845.*—From the General Abstract of the Bill of Mortality for the City of Boston, just published from the Records kept at the Health Office, it appears that the whole number of deaths during the last year was 2585, being 344 more than during the year previous. Of this number there were, stillborn, 245 ; under 1 year, 481 deaths ; under 5 years, 1096 ; and over 69 years, 278. These numbers vary somewhat from the totals of the weekly report published in this Journal, which has been faithfully made up from the copy furnished us from the Health Office. The difference, however, is in no instance great. The whole number of deaths from consumption, as above, was 426 ; in our report, 422. Scarlet fever is given as the cause of death in 152 cases ; lung fever, 135 ; typhus fever, 97 ; smallpox, 31 ; delirium tremens, only 4. Taking the population of Boston to be 114,000, the above report shows the mortality of the city during the last year to have been 1 in 44.10, or 2.26 per cent.

*Epidemic Smallpox in Philadelphia.*—We have never known smallpox to be so prevalent throughout the country as at the present time. Cities, towns and villages, everywhere, are infested with it to a great extent ; and what is remarkable, the epidemic seems to be as mild as it is prevalent. The great majority of cases occur in persons who have undergone a degree of protection by having previously had the disease or been vaccinated, and in such, as usual, it is greatly modified—the attack consisting of more or less pain in the head and back, some nausea, fever for a day or two at the commencement, with a very sparse eruption, and *no secondary fever*. Such cases require very little treatment, recover in from three to five or six days after the first appearance of the eruption, and are followed by no disfiguration. When the disease attacks those who have not previously been vaccinated successfully, or have not had the variolous disease, it runs the ordinary course of unmitigated smallpox ; in some instances being discrete, and in others confluent, according to the constitution and treatment of the patient. In Philadelphia, where the disease has been quite prevalent for more than a month past, we have heard of no instance in which it has proved fatal where the subject was known to have been successfully vaccinated, and the deaths that have occurred, as far as have come to our knowledge, have been confined to such as had never been vaccinated, or in whom the proper vaccine mark had disappeared, if it had ever existed. It is a subject of astonishment and regret, that in an enlightened community like that in which we live, so much laxity and obstinacy should prevail in regard to the necessity of vaccination. In repeated instances, since the present epidemic has appeared, we have had occasion to vaccinate two or three



persons in one family, mostly children or servants, who had until the time been neglected. How can it be expected that we shall be exempt for any long time from a disease so communicable while such carelessness and stupidity prevails? A large proportion of the unprotected cases that occur in Philadelphia, are in persons who have come hither from remote or surrounding places, and it would seem that an equal degree of the carelessness to which we have referred prevails all over the country. Even in the Eastern States, among a people so proverbial for their prudence, the same heedlessness prevails. According to the testimony of our brother of the Boston Medical and Surgical Journal, this would seem to be especially the case in the State of Maine.—*Medical Examiner*.

*Medical Society of the District of Columbia.*—At the Annual Meeting of this Society, held at the City Hospital, January 5th, the following gentlemen were elected officers for the present year:—F. May, M. D., President. A. McWilliams, M. D., James C. Hall, M. D., Vice Presidents. Thomas Miller, M. D., Corresponding Secretary. Joseph Borrows, M. D., Recording Secretary. William Jones, M. D., Treasurer. F. Howard, M. D., Librarian. H. Lindsly, M. D., N. Young, M. D., J. M. Thomas, M. D., J. F. May, M. D., William P. Johnston, M. D., Board of Examiners.

*Medical Miscellany.*—Dr. A. Sydney Doane, of New York, has been elected President of the Boston and New York Telegraph Company.—Smallpox has a strong foothold in the towns of Rutland and Rodman, in Western New York.—Dr. Trowbridge, of Watertown, has written an admirable paper upon the security of vaccination, which is published in the Jeffersonian, but legitimately belongs to a Medical Journal.—Dr. H. G. Fish has been appointed postmaster at Stone Mills, N. Y.—Whole number of deaths in York, Me., in 1845, 51; births, 77. In Exeter, N. H., 50 deaths, population 3,200, being 1 to 64. In Concord, N. H., the Capital of the State, 97, being 1 to 58 of the population.—Mention is made of a girl in Leominster, Mass., 12 years old, who weighs 300 pounds.—The mortality of Heath, Mass., in 1845, was only 18.—The quantity of rain and melted snow at Amherst College, in 1845, was 58.5 inches.—In the Blind Institution of Ohio, are 104 pupils.—The number of students attending medical lectures in Boston, the present season, is 159.—Some experiments, we understand, have been made with the so-called Brocchieri styptic, both in this city and New York, which fully confirm the correctness of the views expressed in last week's Journal respecting the worthlessness of this nostrum.

MARRIED.—At Bangor, Me., Dr. Alphonzo Severance to Miss R. J. Moore.—At Brattleboro', Vt., Dr. O. Martin to Miss E. Stoddard.—At Woonsocket, R. I., Dr. A. P. King to Miss Celia A. Hendrick.

Number of deaths in Boston, for the week ending Jan. 17, 49.—Males 27, females 22. Stillborn, 8. Of consumption, 11—smallpox, 7—burns, 1—croup, 1—gravel, 1—infantile, 2—scarlet fever, 2—teething, 2—accidental, 1—typhus fever, 1—disease of the bowels, 1—scald, 1—worms, 1—lung fever, 4—old age, 3—inflammation of the lungs, 1—convulsions, 1—slow fever, 1—dropsy, 3—dropsy of the brain, 1—sudden, 1—child-bed, 1—disease of the kidney, 1.

Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 17—over 60 years, 7.

*Hydrogen Gas.*—In reading the history of past times no one can fail to be struck with the fact, that to men of the greatest intellectual endowments, things were credible, which, with us, even to an ordinary mind, seem so plainly fallacious as not to be worth a moment's notice. Thus, Lord Bacon had a lingering belief in the existence of fairies, and we read with astonishment that Samuel Johnson, one of the most masculine minds that England ever produced, actually believed that there was a ghost that infested a house in London. Of these phantoms of the dark ages, hydrogen, and its compounds, were among the most common; occasioning explosions in mines; holding in terror the adepts of the black art; frequenting new-made graves in the churchyards, as a lurid flame; or enticing into boggy places unhappy travellers. What a change a few years has effected! All this superstition has passed away—the great goblin of those times is caught by the cunning chemist, stopped up in bottles, weighed in balances, and found to be the lightest substance in nature and the essential basis of the water we drink. We have separated the true from the incredible, the miraculous and marvellous are all gone to their proper place. We know the exact reason of the flash which kills the miner, and have made, in the safety lamp, provision that it shall not occur. The bursting of the alchemist's alembic is better prevented by leaving a hole for the gas to get out, than by saying a prayer; and though hydrogen will explode like gunpowder under proper circumstances, it never sits hooting like an owl of a night on the tops of fences or withered trees, nor has eyes as large as a saucer.—*Dr. Draper's Introductory Lecture.*

*Midwifery Statistics.*—Dr. Reid gives the following summary of some of the facts which occurred in 5691 cases of delivery.

|   |   |   |    |          |        |
|---|---|---|----|----------|--------|
| The vertex presented                                  | - | - | in | 5443     |        |
| Nates, or lower extremities                           | - | - | in | 162 or 1 | in 35  |
| Shoulder or arm                                       | - | - | in | 29       | " 196  |
| Face  | - | - | in | 25       | " 228  |
| Funis   | - | - | in | 31       | " 183  |
| Abdomen   | - | - | in | 1        | " 5691 |
| Convulsions occurred                                  | - | - | in | 11       | " 517  |
| Retroversion of uterus                                | - | - | in | 2        | " 2845 |
| Rupture of uterus                                     | - | - | in | 2        | " 2845 |
| Placental presentation                                | - | - | in | 8        | " 711  |
| Accidental flooding before the separation of placenta | - | - | in | 32       | " 178  |
| Flooding after  | - | - | in | 40       | " 142  |
| The placenta required manual extraction               | - | - | in | 58       | " 98   |
| Patients delivered by forceps                         | - | - | in | 31       | " 183  |
| " " craniotomy  | - | - | in | 22       | " 259  |
| " " version   | - | - | in | 28       | " 203  |

Of 1795 infants, 886 were males, 909 were females. Twenty-four were twin cases. Ages of 1771 mothers. Under 20, 69; between 20 and 25, 622; between 25 and 30, 478; between 30 and 35, 368; between 35 and 40, 174; between 40 and 45, 54; between 45 and 50, 6.

*Spontaneous double expulsion* of the infant occurred in two cases (both twins).—*Medical Gazette.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL

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## ON THE MEDICAL TREATMENT OF DYSPEPSIA.

By Thomas Barbour, M.D., Professor of Obstetrics, &c., in the Medical Department of Kemper College, St. Louis, Mo.

As dyspepsia is a most painful and afflicting malady, the unfortunate subjects of which, are but too often doomed, under the ordinary modes of management, to endure a bodily and mental distress, which renders life hateful and undesirable, any suggestion which might conduce to its relief, should be acceptable to the profession. Dr. John McIntosh remarks, that, "the physician, to be able effectually to treat this affection, should have suffered from it himself; as one who has had the good fortune never to feel as if he had a stomach, can scarcely believe or listen to the complaints of those who have experienced that sensation." Having had sad *personal* experience, and having had the gratification of affording relief to many sufferers by the means which proved so beneficial in my own case, I desire to make known the plan of treatment which I pursue, and which I feel justified in recommending as eminently successful.

It is not my design to enter into the regular consideration of the symptoms and pathology of dyspepsia, which has been so ably and elaborately discussed in late treatises on the subject, but I will assume that the affection usually presents itself under two forms:

1st. *Functional*, of which there are two principal modifications: first variety I would designate *nervous*, and is characterized by great morbid sensibility of the nerves of the stomach, evidenced by very acute pain, which is frequently paroxysmal in its character, associated with most of the ordinary symptoms of dyspepsia. Second variety of functional form, I would call *atonic*, and is characterized by atony of the mucous membrane and muscular fibres of the stomach, and a moderate degree of nervous irritation.

2d. *Organic*, characterized by the ordinary signs and symptoms of chronic muco-gastritis; the most prominent of which are epigastric tenderness, and tongue furred, and slightly red on the tip and edges.

In the first variety of the functional form, I administer the following combination:—1st. R. hydrarg. prot. iod., 15 grs.; ext. rhei,  $\frac{1}{2}$  dr.; ext. hyoscyam., 1 dr., made into 30 pills, of which I give one or two every night, or every other night, to regulate the bowels, and improve the biliary secretion. If the bowels be torpid, I substitute the compound ext. of colocynth for the ext. rhei, in the same proportion. 2d. R. Bismuth sub.



nit., 2 drs.; morph. acet., 3 grs., made into 30 pills, of which I give two or three, morning, noon and night. If the pill form is disagreeable, I order the above to be made into 12 powders, of which one may be taken thrice daily.

The sub-nitrate of bismuth is highly recommended by the best writers on the *Materia Medica*, in many of the chronic derangements of the stomach, especially in dyspepsia, attended with gastrodynia, or pyrosis. Prof. Chapman, who is pre-eminently high authority, speaks of it in the most favorable terms; the distinguished authors of the United States Dispensatory especially commend it to the attention of the profession; and Pereira, the highest European authority, considers it of great value in gastric disorders; yet, strange to say, but few physicians have confidence in it, or ever think of using it. I regard this agent as the *most valuable* which we possess in the different forms of chronic gastric derangements. It is antacid in its properties, and tends to relieve the uneasy sensations arising from free acid in the stomach; but I attribute its chief efficacy to its tonic and nervine agency. Whatever maybe its *modus operandi*, it is certain that, in my own case, and in others of a most serious character which have come under my care, it acted like a charm. In regard to the dose, we should be governed by the severity of p. in. Ordinarily ten grains three times a-day will suffice; if, however, the pain is very intense, amounting to what is termed gastrodynia, I would not hesitate to give 20 or even 30 grains at a dose. I use it, also, in large doses for the relief of pyrosis. In the second variety of the *functional* form, namely, the atonic, I prescribe the following:—1st. R. Hydrarg. prot. iod., 15 grs.; ext. colocynth comp.,  $\frac{1}{2}$  dr.; ext. hyoscyam., 1 dr., made into 30 pills, of which I give one or two every night, or every other night, according to the torpor of the liver and bowels. 2d. R. bismuth sub. nit., 2 dr.; sulph. quinae,  $\frac{1}{2}$  dr.; ol. menth. pip., gtt. xx., made into 36 pills, of which I give two or three, morning, noon and night; or divide the above into 12 powders, and give one thrice daily.

In the second, or *organic* form, characterized by the marks of chronic muco-gastritis, I would advise full doses of opium—say 4 grains with 10 of pil. hydrarg., occasionally repeated, after which, mild aperients, or purgative enemata, and the free application of tartar emetic ointment on the epigastrium. When the inflammatory condition of the stomach has been, in a good degree, relieved, I would then use the two prescriptions for the prot. iodide of mercury, and sub. nitrate of bismuth, as already given for the first variety of the *functional* form of the disease.

In the conclusion of this very brief sketch of the treatment of dyspepsia, I will remark that the experience of fifteen years has confirmed me in the belief that the above plan, if sufficiently persevered in, *together with proper dietetic measures*, will prove successful in every case in which serious structural disease of the stomach does not exist.—*Missouri Medical and Surgical Journal*.

## ON THE TREATMENT OF ULCERS, AND OTHER CUTANEOUS AFFECTIONS.

By E. H. Kelly, M.D., of Mobil, Ala.

THERE is no class of diseases which may be so justly termed "*opprobrium medicorum*," as that which embraces almost every variety of ulcer, and of cutaneous disease. Thompson says, speaking of ulcers, that out of twenty surgeons, not more than one can be found who can treat ill-conditioned sores or ulcers, the consequence of wounds necessarily inflicted by themselves, in their operations. Can this be attributed to prejudice and disgust for such loathsome affections; or does it arise from the adverse and complicated distinctions of nosologists; the discrepancy of remedial agents; or, more probably, from the want of a correct knowledge of their pathology? As I have encountered the usual difficulties, and have been much disappointed, in the treatment of such cases, by the routine practice of ointments, lotions, bandages, &c.; and as I have, on the other hand, been very successful in effecting cures, in some remarkable instances, by the application of a certain compound powder, I take great pleasure in now laying before the profession the result of my experience, and the means I have employed.

Having witnessed the surpassing efficacy of wheat flour, as an application, in three cases in which the persons were very badly scalded, some years since, by the bursting of the boilers of the steamboat Walker, I was led by inference to adopt a plan somewhat similar, and based on the same principles, for other breaches of surface, and cutaneous affections.

My first case was B——, a young merchant of this city, who had been afflicted for about six months with psoriasis of the back of the hand and between the fingers, which had resisted every remedy in the hands of other practitioners. Greasy, escharotic, and other applications, conjoined with the internal use of sarsaparilla, &c., had been used in vain. It now occurred to me, that if I could produce an artificial crust over the disease that would absorb the acrid discharge, and at the same time protect the tender cuticle beneath, I should succeed in producing a healthy and durable dermoid surface. I directed him accordingly to discharge any fluid that might collect—to bathe his hands with acetic acid, and to follow this up by the following application, which was to be powdered on the surface, *ad libitum*:—R. Oxymur. hydrarg., ℥i.; lapidis calaminaris, ℥i.; marantæ arundinacæ opt., ℥i. Misce et tere diligenter ut reductius sit in pulverum subtilissimum.

Besides the local application, I directed such constitutional treatment as was adapted to the case, and had the satisfaction of seeing, as the result of my remedies, the perfect cure of my patient in about a month.

My next case was Nicholas M——, a barkeeper, who was afflicted with a disease of the feet, which, on examination, corresponded much with Sir Everard Home's "fungated ulcer" of the sole of the foot and toes. The metatarsal bones and phalanges were denuded of integuments in some places. My patient had used a variety of remedies for more than a year, without any mitigation of his sufferings; and he was now hope-

less of a cure being effected. I directed him to use the same formula as above ; preceded, however, by bathing the ulcerated parts with a solution of argent. nitrat. : and to take internally, fluid extract of sarsaparilla, for constitutional effect. The powder was dusted over the ulcerated surfaces ; a scab immediately formed ; all pain ceased ; granulation was effected ; and my patient was discharged perfectly cured, in a little more than one month.

On his representation, M——, a barber, consulted me for the same disease, which had annoyed him for about four months, and had made already considerable depredation. He had used various remedies administered by others, but with no avail. The same course was pursued with him for three weeks, with the like happy result.

The above cases were under treatment in 1842-3, and in no instance has the disease returned, or any constitutional bad effect resulted from this method of cure. I have since cured several species of cutaneous disease, as sycosis, herpes, &c., by this process ; and have not yet failed, in the application of it, in any variety of ulcer which I have encountered. The following I will particularize as another evidence of success :

V——, a countryman, applied to me in November last for medical aid, on account of a syphilitic ulcer of the thigh, which was as large as a dollar, and of the depth of an inch. The same plan was adopted ; a scab immediately formed ; my patient could attend to his occupation, and, notwithstanding this ulcer had resisted all treatment for six months, in other hands, it entirely healed up in less than five weeks, under this mode. Besides the above mentioned, I have discharged, recently, two cases of ulceration about the ankle-joint, in which situation most experienced medical men will agree with Sir E. Home, that ulcerations are extremely intractable. In both these instances, the patients were cured in the space of two weeks.

The most remarkable case, however, of the efficacy of this plan of treatment, is one which I had the pleasure of discharging this week, cured. Mrs. C—— had been much afflicted with scaly tetter of the hand for three years. During this period, to use her own words, she had tried various physicians, not excepting the noted (Thomsonian) McLean, formerly of this city. She had used a variety of applications, and taken at least a *barrel of infusion of sarsaparilla*, all with no happy effects or alleviation of her troubles. I directed her to use the powder in the same manner as in the case of B—— (above described), and to take internally, eight drops of Fowler's mineral solution three times a-day, &c. By these means, the disease disappeared in five weeks ; and a sound and healthy dermoid texture is now to be observed.

What is the *rationale* of the reparation of ulcerated parts ? Home and Hunter tell us that it consists in the formation of small red points and eminences, which are termed granulations. That an exudation of coagulable lymph is to be regarded as the first step in the process ; that these granulations are supplied with bloodvessels and nerves from the adjacent parts ; that these new substances have the same power, *i. e.*, to secrete pus ; and that they contract, and are finally covered over with cuticular substance, by which further secretion of pus is prevented.



We will now take into consideration the indications to be fulfilled in the cure of ulcers ; and here we find no settled policy—some recommending greasy, emollient, or applications in the form of vapor ; others condemning them *in toto* ; and but few evincing a correct knowledge of the pathology and treatment of this class of disease.

The following are the prominent indications to be fulfilled :

1st. The promotion of a healthy secretion of pus : for Thompson tells us, that he has never seen granulations without pus.

2d. To confine and prevent evaporation of matter, so as to retain a moist and warm atmosphere. According to Thompson, a local increase of temperature of two or three degrees, is always necessary to granulation.

3d. To preclude the contact of air and light (two stimulants) ; for the same author says, that ulcers sometimes show a tendency to gangrene, from unknown states of the weather ; and ulcers are apt to change their character from vicissitudes of the air.

4th. To protect granulations, and sometimes to repress, without irritation, their excessive growth ; diminish serous and puriform discharges, and to give support to the ulcer ; but this growth must be kept back by only such resistance as they are able to overcome : otherwise the absorbents will remove the granulations.

5th. To promote the formation of scab or cuticular covering.

We see the above indications carried out in Sir E. Home's application of dry lint ; which, he says, is to protect the granulations, absorb, retain, and prevent evaporation of matter. So, also, he used powdered rhubarb, *i. e.*, to repress granulations, and form skin. Thompson says, Baynton's plan of using adhesive straps, and Whately's process of bandaging, act on similar principles. With like views, Dr. Physick applied his favorite cicatrizer—simple cerate and British oil ; Sir E. Home, his alcohol and various innocuous powders ; Harness or Thompson, the grated root of the cassava (a fecula), in weak sphacelating ulcers of seamen, &c.

With all these rules before us, it is surprising how little regard is paid the *lex naturæ* in the cure of these diseases. Does this arise from ignorance, or inadvertence, or nosological errors ? That there are some general principles wanting in the cure of these affections, is evident from the fact that very few ulcers will continue to heal under the usual treatment, beyond a certain time, without a change of remedies ; and from the multitude of discrepant ones applied by different practitioners, all tending to the same end, but without knowing the why or wherefore. I must here observe, that I do not lay any claim to the discovery of "a new method" in the treatment of ulcers. The treatment by the formation of an artificial scab, is as old as the days of Celsus, of which any of your readers may satisfy himself by referring to his work, "*De Re. Med., Lib. V. cap. IX. quæ crustas ulceribus inducunt.*" I only wish to attract attention to the modification of an old method, which I have used, and to the efficacy of which I can testify. At the same time, I am perfectly aware, that, by bestowing unworthy and extravagant praise on a remedy, we in reality do but detract from its reputation, and run the risk of banishing it from practice, or preventing its use altogether.

The basis of my remedy, it will be readily perceived, is *fecula*, and with this any medicine may be combined, to suit the wishes of the practitioner. I generally use the formula before described, modified according to circumstances, by increasing or diminishing the strength of the most active ingredient. We all know that, in the healing of sores, wounds, eruptive diseases, &c., nature ordinarily provides a scab, under which a reparation of healthy structure is completed, and the cure effected. Tear the scab off, and the cure is procrastinated. My remedy has a twofold effect: it acts by induction, copying after one of nature's laws in substituting a scab for that which she produces; and it operates simultaneously in fulfilling the rest of the above indications. It is now nearly five years since I commenced the use of it, and I have had no reason to be dissatisfied with its effects in a single instance.—*New Orleans Medical and Surgical Journal.*

#### THE PROTECTIVE POWER OF VACCINATION.

[SEVERAL members of the College of Physicians of Philadelphia, at one of their meetings, took part in a discussion of the prophylactic powers of vaccination. Their views are somewhat conflicting, but something may be learnt from them, and they are therefore copied from the Summary of the Transactions of the Society.]

Dr. Condie maintained that, as a general rule, the protective power of vaccine infection, in those who had been once placed fully under its influence, was, under ordinary circumstances, permanent. We know, that in certain variolous epidemics of great malignity, scarcely anything affords immunity from the disease, and very many of those who have been vaccinated, as well as of those who have already had the smallpox, either from inoculation or otherwise, are attacked with more or less violence. He has seen no facts to convince him that the power of the vaccine protection is impaired, and finally destroyed, in the course of time. There are, unquestionably, certain constitutions, which resist the vaccine infection entirely, while there are others which can only be placed partially under its influence, and which, in a short time, become again liable to be attacked by the smallpox. It is as a means of detecting and remedying these partial infections, that the practice of re-vaccination becomes of importance.

During the prevalence of smallpox, Dr. C. has not certainly observed that the susceptibility to an attack of the disease was generally greater in the adult who had been vaccinated in infancy, than in individuals who had been vaccinated but a few years previously.

Dr. Moore remarked, that his experience differed very much from that of Dr. Condie. He has invariably found, that the susceptibility to the contagion of smallpox, in those who had been vaccinated, as well as the violence of the disease when it occurred in them, was in direct proportion to the length of the period that had elapsed since the vaccination was performed. Thus, within the first year after the vaccine infection,

he has seldom, if ever, seen an attack of smallpox to occur, even in a mitigated form, and very rarely within the second year. After, however, five years have elapsed from the period of vaccination, he has observed the attacks of smallpox to be very common; while, after the fifteenth year, up to the twentieth, according to his experience, the attack of smallpox was liable to assume a very aggravated character; he has seen it then, to be marked with equal violence and malignancy, as in those who were unprotected, and it is at this period that death from attacks of smallpox after vaccination, most usually occurs. Is it not, he would ask, the general experience of the profession, that the smallpox, when it attacks those who have been vaccinated over fifteen years, is attended with greater severity than when it attacks those in whom the vaccination had been more recently performed? Hence he was inclined to consider the practice of re-vaccination, at proper intervals, as always a prudent precautionary measure, if it be not essential to keep up the protective power of the vaccine infection.

Dr. Bell was by no means inclined to deny, or even in any degree to underrate the importance of re-vaccination. We are not always certain that all who are reported to have been vaccinated have been so—at least effectually—nor is it always possible for a practitioner to say absolutely, even in those cases in which he has been careful to insert genuine matter, and has watched attentively the phenomena which result from it, that the system has been fully infected. This we cannot determine positively even from the appearance and progress of the eruption on the arm. Our only test is re-vaccination. Dr. Bell was not, however, convinced that the less or greater liability of the vaccinated to an attack of smallpox, or that the character of the attack in regard to its mildness or violence, is always in direct proportion to the number of years that had elapsed from the period when vaccination was performed. Some of the most violent cases of varioloid he has seen, have occurred in quite young persons, while one of the mildest was in an adult who had been peculiarly exposed to the variolous infection, and had been vaccinated fifteen years previously. The supposed gradual diminution in the protective powers of vaccination, by the lapse of time, was not, he apprehended, the true explanation of the cause why certain individuals who, to all appearance, have been placed very completely under the influence of the vaccine infection, became subsequently attacked by the smallpox. But whatever was the difference of opinion among physicians in regard to the points alluded to, he was happy to find that their confidence in vaccination as the best, and, with the precaution of repeating the infection whenever any doubt existed as to the prophylaxis afforded by the first operation, the most certain means of protection against the contagion of smallpox, remained unabated.

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#### CONIUM MACULATUM.

[DR. JOSEPH BATES, of Lebanon, N. Y., in a communication on Botany to the Columbia County Medical Society, thus speaks of the properties and use of the hemlock as a remedial agent.]



The conium maculatum has had a very vacillating character ; not so much, however, owing to the ignorance of physicians as Botanists, as to their ignorance as pharmacutists. At one time we see it regarded as a specific for scirrhus affections, again dirigated for a series of years, and almost driven from the science of medicine ; again, it struggles into notice, as a deobstruent, though possessing no claims as a specific in the cure of any disease. It is recognized as such, and allowed to act by way of eminence upon the liver, and the whole glandular apparatus.

It is a native of Europe, though at present it has become naturalized in almost every country. It is spoken of in books, frequently, by the name of cicuta, yet the cicuta is a separate genus. By many authors, conium is believed to have been usually administered at the Athenian executions, and was the article given to Socrates ; but in relation to this subject there is much uncertainty. Some suppose they used a species of polygonum for this purpose ; others, that it must have been rumex aquaticus ; and some have considered it a species of primula. I mention this to show the uncertainty of relying upon the popular names of plants. Hemlock and cicuta have each been popular names for conium, and it is highly probable they have been used for other plants. In fact, Pliny says, that the word cicuta, anciently, was not indicative of any species of plant, but used to denote vegetable poisons in general. That conium should have had thus far, in the medical world, such a thorny road to fame, is readily accounted for. It has many times been sentenced for the injury of other articles, in the vegetable world ; and strange as it may appear, it has been even banished. I shall instance but few of the causes that might be brought forward to account for the changes it has undergone.

Some physicians use it in one way, and some in another. Some prefer the dried leaves, some the extract, and others the inspissated juice. These different preparations may be so prepared as to be either good or worthless. The leaves should be dried in the shade, so as to preserve their color. If the color be changed, they are of little use. Very slight chemical changes frequently destroy the virtues of medicines. It is so with the leaves of conium, and frequently the color is entirely discharged. The plant may be cut too early in the season, or too late,. The leaves should be gathered just before the petals of the flower fall off. If gathered after the seeds have matured, it is of far less value. If the leaves, when cut, are allowed to dry in the sun, and have two or three heavy dews fall on them, or a shower of rain, they never should be used as a medicine. To destroy this plant, farmers frequently cut it to prevent its seeding. Being a biennial plant, if kept from seeding two years consecutively, it is destroyed. I have seen individuals gather this article to make extracts and inspissated juice, where farmers had cut it down and it had remained two or three days, in as many showers of rain, and its color nearly destroyed. From such extracts, who could judge of the value of conium ? Physicians, who purchase this article, frequently use such preparations, find it inert, and lose all confidence in the use of it. Those who have been familiar with its use, know very well that different pur-

chases differ greatly in complexion and odor, and likewise in their properties as medicine. They sometimes get an article, that their patients might take in drachm doses, daily, with little or no appreciable effects. The expressed, inspissated juice is more uniform in its operations than any other preparation; far preferable to the extract; but even this as sold in the shops is very variable. The plant may have been cut too early, or too late in the season; or if cut at the proper time, it may have suffered to remain too long in heaps before used, or washed in a storm of days. The juice should be expressed the same day the plant is cut down, and exposed to no other heat than solar. It should be inspissated in shallow earthen vessels, but never in earthen vessels glazed with lead. I have known the juice ferment in a day or two, and acid formed. This might, in some circumstances, act upon the glazing and deteriorate the article, acetate of lead being incorporated with it. It is most commonly inspissated in metallic vessels, such as tin pans and tin plates, &c., and the whole mass in such cases is not green as it should be, but dark brown, or black. Does not a change of color in such instances depend upon some chemical action produced by the metallic surface? Whether it does or not, the article is vastly inferior to that inspissated on common table plates, where its color remains unchanged.

I use considerable conium in my practice, and for two or three years have not employed any except such as has been prepared by myself, or trusted to the care of my students; and when thus prepared, I am no more liable to fail of securing its effects upon the system, than I am with opium or calomel. This plant possesses very considerable and very efficient deobstruent properties. It increases the secretions of the liver, and by this effect indirectly proves a laxative. It combines with its deobstruent qualities, very powerful narcotic properties, which are indicated by its allaying morbid irritability and irritation, morbid sensibility and sensation, restlessness and jactitation. It is recommended by the highest authority in the treatment of neuralgic affections. In the treatment of such patients, I frequently combine equal parts of conium, hyoscyamus and phosphate of iron, given in four grain pills and repeated once in thirty minutes, until the patient obtains relief, or its specific effects require its discontinuance. Everything depends upon the management of an article. We may make a good selection of remedies in the treatment of a disease, yet fail to cure for want of judgment and skill in their appliances. This is most emphatically true of all the vegetable narcotics. Conium may be combined to advantage with the hydriodate of potassa in some of the stages of phthisis, and other strumous affections. Dr. Gibson speaks of its efficacy in the cure of goitre, and it is highly recommended in chronic rheumatism, secondary syphilis, scrofulous tumors and ulcers, &c.

#### CASE OF EXCESSIVE HYPERÆSTHESIA.

By Henry Haines Fox, of Columbia, Penn., in a Letter to Professor Dunglison.

DEAR SIR,—The case of general paralysis followed by hyperæsthesia, in a boy aged 11 years and 9 months, at the time he was first attacked, and

concerning which I consulted you last winter, has evidently improved in many respects under the treatment recommended by you ; which was, as you will recollect, to avoid as much as possible everything that would tend to irritate, or aggravate him in any respect, mentally or corporeally, and to trust to the recuperative powers of the system.

As the case is a singular one, and may interest you, I will give you a brief history of it from the commencement. The first thing that attracted the attention of his parents was a hard rough cough, which occurred in January, 1844. He had, however, complained occasionally of wandering pains in his shoulders, with slight weakness of his limbs upon rising from bed in the morning, for some months previous to that time, but these soon passed away. The cough became gradually worse, accompanied with pains and soreness in his teeth, mouth and throat ; until the latter part of February, the coughing was almost incessant, especially in the day time, although not attended with any expectoration. At this time a physician was called in, who pronounced the disease to be inflammation of the lungs, and treated it accordingly ; he did not, however, order the patient to lose blood. After the application of the second blister to his breast, the cough left him entirely, and the physician ceased to visit him. It was not long, however, before he began to complain again of his jaws and throat, so that it was with difficulty that they could prevail on him to take nourishment, from the pain and difficulty attending deglutition. From this time he began to lose strength, and became very costive, having no evacuation for several days ; but by repeated injections they succeeded in procuring one. After the first enema he wholly lost the use of his limbs, and has not been able to help himself in the least up to the present period. After the second enema he lost all control over his eyelids, for several days, but it has since partially returned to him. If requested to move them when open, they almost invariably closed in an instant : this condition continued for a period of several months, but he gradually recovered, so that now they are under the influence of the will as well as before his illness. About the first of April, 1844, he began to complain of his head, whenever he was moved, and in a short time his parents were unable to move him or change his position in bed. Owing to his weakened and prostrated condition, they have been unable to ascertain whether there is tenderness along the spine, as the least movement or change of position is attended with the most alarming symptoms ; the last time his bedclothes were changed he remained senseless—perfectly unconscious of everything—for a period of two hours. It was in April that he began to complain of noise affecting him ; and the hyperæsthesia of the organ of hearing soon became so great, that the barking of a dog outside the house would throw him into an insensible state for minutes. Although his ears were well filled with cotton, to prevent as much as possible the immediate contact of noise with the super-sensitive organ, such was his impressible condition that his father was compelled to relinquish farming for several months, being unable to thrash his grain, or drive his team past the house.

In the latter part of summer, he experienced stitches in the posterior



part of his head, which were followed by pain in the back, shooting up to the head; but these finally left him, so that at the present time he does not complain of any. His reason seems to have become impaired with the increase of the malady, especially on some points, though not on all—often conversing for hours without showing any impairment of the mental faculties whatever. His memory has remained perfect throughout the illness; he recollects apparently everything that has occurred, but his temper is greatly changed; he often breaks out into violent rage, and, at the same time, makes use of language which he never did before his sickness. His shyness, or dread of strangers, commenced about the time he lost the use of his limbs. He cannot be prevailed upon by any of the family to permit many of his near relatives to see him, but above all he objects to physicians: for whom he has the greatest dread imaginable. For more than a year anorexia was great, so that it was often difficult to prevail on him to take the least quantity of nourishment; consequently he became greatly emaciated; of late, however, his appetite has improved greatly—he has become more fleshy, and has evidently grown within the last nine months. He has had no medical treatment since his first attack: upon this point his father—in a letter dated February 19th, 1845—speaks thus: “I sincerely believe it was impossible to have resorted to any active means since last May, owing to his great prostration and utter abhorrence of all physicians. I have been expecting every day would be his last for some months.”

Since last April the super-sensitiveness of the auditory nerve has been gradually diminishing, until it has become nearly natural; and he now seldom complains of noise disturbing him, unless it is very loud. His appetite has returned, so that he takes a good share of nutritious aliment; consequently his nutrition has greatly improved, and he has evidently grown in stature within the last nine months. Although still unable to exert any control over his limbs or body when awake, it has been observed, of late, that he does change their position in his sleep. These are among the more marked changes which have occurred since last winter.—*Medical Examiner*.

#### TREATMENT OF INTERMITTENT FEVER.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING observed that there is great discrepancy in the treatment of intermittent fever, I append some of the results of my observations in my intercourse with this disease. These occurred principally during a residence of some two and a half years in the county of Geauga. Most of these cases occurred at an unhealthy location on the Cuyahoga river. The influence of the malaria seemed much greatest at a point where the waters of the river broke over a dam. The cases were of various degrees of intensity, as we left the banks of the stream.

With regard to the various plans of treatment advised by different authors, McIntosh advises venesection in the cold stage. This treatment I

was compelled to relinquish on account of the collapse to which it invariably tended. The indications that he described were fulfilled, so far as the crisis was concerned, but were followed by a train of symptoms too grave to be trifled with. The effect of this treatment was such as to leave no doubt of its value, when there was not too much tendency to a train of typhoid symptoms, to which this location was peculiarly favorable. Emetics and powerful cathartics tended to like results.

Tartrate of antimony uniformly produced mucous irritation, or rather (on account of suggestions to the contrary from worthy professional friends), I will say mucous irritation followed the use of this remedy. After following these suggestions, I found myself relying upon long-tried remedies, viz., moderate purging with sub. mur. hyd., magnes. calc., rubefacients to the epigastrium in cases of gastric tenderness, and the sulphate of quinine, endeavoring carefully to discriminate the proper time for its employment. I found that when my patience and that of my patient held out until the seventh day, relapses were much less frequent than when this remedy was administered earlier. Sulphate of zinc and arsenic were used, but their value was equivocal in comparison to the remedies above mentioned.

My experience, in that location as well as others, dictated that although other remedies are sometimes valuable, yet that the principal reliance must be upon a discriminate use of quinine. Without this discrimination, the physician will be sure to find himself casting about for other remedies.

*Bristol, Ohio, Jan. 6th, 1846.*

C. B. CHAPMAN, M.D.

#### GLASS PESSARY BROKEN IN THE VAGINA.

[Communicated for the Boston Medical and Surgical Journal.]

JANUARY 14, 1846. Was called early this morning to visit Miss R. E. The patient is a maiden lady of about 40, and has been troubled for several years with prolapsus uteri, and for a long time has been obliged to wear a pessary. Those used have generally been of the gum elastic kind, which after being worn for two or three months it was necessary to remove to cleanse, as the secretions which gathered about them became too irritating to bear. On this account, after attending to the removal and introduction of the instrument several times, I recommended the use of the *glass* pessary, as less irritating, less liable to collect the secretions, and more durable. Accordingly I procured and introduced one of size No. 2, Aug. 21, 1845. It answered the end designed, and gave rise to no inconvenience or trouble till this date. On arriving at her residence, she said she had not sent for me because she was sick, but because she was "scared." Inquiring the cause of her alarm, she told me that the pessary had broken—that while standing at the window, doing nothing, she heard a noise, and that any effort since had caused pain as of something pricking her. She could not account for it, unless, as she humorously remarked, it was *frosty*!—it being a cold morning. On examination I found it broken, indeed, into a great number of pieces. Parts of the periphery were in

situ, and all the parts were at the upper part of the vagina. I found I had an unenviable task before me—the extraction of these sharp angular and pointed pieces of glass from the vagina, lined with a delicate mucous membrane, lying in rugæ. I had some doubt of the feasibility of the operation, and some apprehension for the result. But I commenced operations, and after two hours and a half of diligent and most careful manipulations, I succeeded in extracting every vestige of the glass. At least, several examinations afterwards, in several positions of the patient, did not discover the least particle remaining. Notwithstanding the care used, however, the vagina was unavoidably somewhat lacerated, so that a little hemorrhage was produced. Perhaps a tablespoonful of blood accompanied and followed the operation. My own fingers were also cut a little. The central piece, which was entire and averaging  $1\frac{1}{2}$  inch in diameter, having two rims, of which the edges were very jagged and pointed, was the most difficult to extract. Fearing that severe inflammation might ensue, I prescribed the antiphlogistic treatment and regimen, and an opiate and astringent injection to be frequently thrown into the vagina.

16th.—A slight fever ensued, considerable pain of bowels, especially in moving. Also some dysuria and tenesmus were present. Patient complained of a sensation of pricking, which was supposed to depend upon a small piece of glass remaining. A most careful examination, however, did not discover any such thing. The antiphlogistic treatment and injections were continued. The prospect at present (Jan. 20) is that the affair will not result in anything serious.

The patient had a severe fall on the fundament about ten days previous, but the absence of any pain or uneasiness from the pessary would lead to the conclusion that the instrument could not have been broken at that time. The number of pieces of glass extracted was fifty, of all shapes and angles.

The inference from the above is very plain—that there is danger attending the use of glass pessaries. In future, in my own practice, I think I shall not employ them, so long as others can be obtained. W.

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#### RADICAL CURE OF TWO LARGE UMBILICAL HERNIÆ OF TWENTY YEARS STANDING.

[Communicated for the Boston Medical and Surgical Journal.]

A LADY, aged about 53 years, had given birth to many children and become very corpulent, muscles loose and pendulous, in consequence of which she had suffered for 20 years from a large increasing omental and intestinal tumor, situated above, and to the left side of the navel. The omental portion of the protrusion had resisted every effort at reduction by taxis and other measures, from time to time made use of. In truth, it had been considered, by the patient and friends, an irreducible rupture for twelve or fourteen years; causing great suffering, at frequent intervals, from colic pains, constipation of the bowels, flatulence, swelling, sinking at the pit of the stomach, soreness, &c. After ten days' perseverance



with the usual treatment and manipulation, the whole hernial tumor was returned into the abdomen, leaving an opening through the abdominal parietes sufficient to admit three fingers. The subcutaneous operation for the radical cure was now performed, giving but little pain or uneasiness to the patient, and resulted in the most gratifying success. But four or five weeks were necessary to cure the patient of her troublesome and dangerous complaint, so rapid was her convalescence. She has since continued well; general health and spirits greatly improved.

A gentleman of about 55 years of age, very fat, weight over 300 pounds, has been troubled with an umbilical rupture for 20 years. The protrusion had assumed a double form, situated on either side of the navel; that on the left side was much larger, more prominent, soft, and elastic to the feel, than the one situated on the right side. The patient, before applying for treatment, had made use of a great variety of bandages, belts, trusses, &c., hoping to retain the protruding parts, but had utterly failed in all his attempts, and was now going about without any external support. The tumor of the left side of the navel had been constantly present, projecting freely, apparently without any hernial sac, and thought to be irreducible in part, for many years. Moderate and gentle pressure, even in the recumbent posture, made but little impression for the first few days on the protrusion. It was not until one week of great perseverance in the usual preparatory treatment, that the hernia could be sufficiently reduced and retained within the belly, to admit of the operation for a radical cure, as in the above case. After subduing the constant tendency to protrude, existing in the parts concerned, situated on the right side of the navel, or median line, I operated for a radical cure, and was somewhat surprised to find a considerable escape of fluid from the slight puncture made in the integuments. Water is frequently found to exist in the hernial sac of an old scrotal hernia, but very seldom in an umbilical. As there were no indications of the presence of fluid on the left side of the navel, it is reasonable to believe that this must have existed for some time in a sacculated state. The operation and treatment which I find so uniformly successful in other forms of hernia, proved eminently so in this case, closing up the broken parts in a few days' time, and completing the cure in about three weeks. The patient, just before the commencement of his treatment, took a severe cold, which brought on an attack of spasmodic asthma, accompanied with cough, thereby preventing him from lying down in bed, day or night, for about two weeks. He felt no pain from the operation, and but slight pain at any time subsequently during the whole treatment and cure. He was also able to walk about his room from day to day, and go out back when necessary. What to me seemed not a little remarkable in the case, was that the protrusion on the left side of the navel, although seeming to be unwilling to yield by taxis and other means, and return into the abdominal cavity, showed no disposition to re-appear externally, after the first six or eight hours from the operation.

*Boston, January, 1846.*

G. HEATON, M.D.

## THE USE OF INSTRUMENTS IN CHILDBIRTH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in your Journal of the 21st inst., a communication of Dr. Comstock, in which he puts some interrogatories to the profession. The first is, "What proportion of cases of midwifery, that have fallen within your practice, have required instrumental aid; and of those, what have been delivered by the forceps?" In order that I may answer this question to the understanding of your readers, it will be necessary to state how many cases of midwifery have been under my care. I have attended twelve hundred cases of midwifery at the full period of uterogestation; of these cases two have had the forceps applied, and in one craniotomy has been performed. In answer to the second question, I would say that the application of the forceps in one of the cases was unnecessary, the powers of the woman not flagging at all; and the consulting physician acknowledging that the labor would take place in two hours by the unaided efforts of nature. To the third question I can only say that I have never seen a woman injured from a too long retention of the head; whereas, in the forceps cases it was a long time before the parts recovered their tone. To the fourth interrogatory—"Have you ever seen a ruptured uterus from the use of ergot?" I answer that I have not, nor any other injury to the woman. There has occurred one case of ruptured uterus in the twelve hundred, and that took place from a hydrocephalous head without any irritation of the uterus by artificial means. The woman lived four days, and died from peritoneal inflammation. The ergot may often supersede the application of the forceps where there is no disproportion between the head of the child and the pelvis of the mother; but the pains are feeble, and there appears to be a want of muscular power in the uterus. I should have no fear of ergot ever proving injurious to the mother, but to the child it is somewhat hazardous unless there is a long interval between the labor pains. When that is the case, ergot may generally be given with safety to the child.

Of these twelve hundred women, several have had puerperal fever; but one has died of it. One woman died of pleurisy, being attacked with it on the day previous to the labor. By far the greater number of deaths have occurred some months after confinement, from consumption or canker. The proportion of deaths that have taken place from all causes, I have neglected to notice.

Yours respectfully,  
Quincy, Mass., January 22, 1846.

E. WOODWARD.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON, JANUARY 28, 1846.

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*American Medical Congress.*—Effort after effort has been made, in the United States, to bring a delegation of medical gentlemen together, from

the different States, for the purpose of elevating the national professional character; but with uniformly bad success. The last proposition for this great and desirable object, emanated, last season, from the Medical Society of the State of New York. A circular, freely distributed over the Union, invites the various local societies to send representatives, and proposes an organization of the College of Delegates some time the ensuing spring. What action has been taken in the different States cannot yet be ascertained, although favorable notices of the plan have appeared in all the Medical Journals. We fear, however, that there is too much apathy on the subject in the ranks medical. The tardiness with which medical men move in great enterprises affecting their own collective reputation, is astonishing to all other cultivators of science.

If any act could redound to the lasting reputation of the medical character of this country, it would be the election of such a congress as is now proposed; yet we have but a faint hope that its projectors will ever realize their expectations. Boston might and should send twenty or more of her most prominent physicians to the great meeting; Lowell, Salem, and other places where organized associations exist, one or two each; thus manifesting the zeal of the profession in a scientific movement that marks the age in all other countries. At the great association of astronomers in Europe, not long since, the United States was the only civilized country not represented—and it was therefore very reasonably concluded that astronomy had no advocates in the new world. If this last call for an American Medical Congress prove an abortive effort, it will be mortifying intelligence to the scientific of other countries, as well as to all Americans resident abroad.

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*Paris Museum of Comparative Anatomy—Medical Congress.*—Mr. Walsh, in one of his recent European letters, speaks warmly of the united zeal of the medical profession in France—and in Paris particularly. They have been filling up a new Museum of Comparative Anatomy, which is described as a *magnificent creation*. In Paris a numerously attended Medical Congress was not long since in session, whose proceedings attracted more attention than any other professional assemblage that ever appeared in France. At first, the sittings are described as having been boisterous and disorderly. The Minister of Justice attended, and by the light he gathered, has prepared a bill for a medical organization, which he is intending to present to the Chamber of Deputies. Mr. Walsh says, further, that the American faculty will find matter worthy of their heed in the reports of the committees of this learned Congress. The programme of the questions offered for solution, occupied more than eight quarto pages. In that brilliant assembly of eminent physicians and surgeons, M. Manuel Serres, the president, is thought to have been one of the most profoundly learned.

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*Proposed Hospital in Brooklyn, N. Y.*—In the Sailor's Magazine for January, it is announced that a Capt. Hubbard, of the packet ship Quebec, has offered \$25,000 towards the establishment of a hospital at Brooklyn, opposite New York, provided the whole interest of that sum be paid to him during the remainder of his life—and one half during the life of his



mother, if her already advanced life should be prolonged beyond his own. Augustus Graham, Esq., has furnished \$5900 more, on the same conditions. A meeting has been held with a view to raising funds to the amount of \$15,000 for purchasing a plot of ground in a proper location.

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*Death of a Drunkard, once a Physician.*—A short time since, the Rev. Mr. Robinson, of the Episcopal Seaman's Mission, of this city, found a miserable-looking sailor sitting in the street, reading a Greek poet. He was conveyed to Chelsea Hospital, and here is his last history, from the Christian Witness.

"Thursday, very anxious for poor Deven; fear he will not get well; his case has excited much interest wherever I have mentioned it. Born in Philadelphia, of respectable English parents, he was sent, after a preparatory course of study, to Oxford, England, where he graduated in 1819. Thence he went to London, and attended the Medical College, where he received his diploma. His history from that time is mostly involved in mystery. Some six years since, he entered as surgeon in a Portuguese regiment, at Tenor, in the East Indies, which situation he held about five years, when he left to return to the United States. The vessel in which he was a passenger, was wrecked on the Island of Madagascar, when he lost all his effects. From Madagascar he went to the Isle of France, where he shipped as a common sailor, in a bark which arrived at Salem in the middle of November. Found him in a state of extreme destitution; provided him with necessary clothing, and made arrangements for keeping him near me and under my influence a little while, in the hope of his restoration to that position in society, which he was educated to occupy.

"Saturday. To-day heard of the death of Deven. His history, which he promised to write out for me, must now remain a secret. Possessed of superior natural powers, and an education more thorough than most young men of our country, he might have shed lustre on his profession, had not the demon, intemperance, obtained the mastery over him. A native of the same city, and acquainted, as he stated, with me in my childhood, I have felt the most prayerful solicitude to reclaim him if possible; and cannot but think if we had had a 'home,' where he could have been received and carefully watched over, he might have had a longer space for repentance and reformation."

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*African Climate.*—The climate of Africa, thus far, according to Mr. Pinney, formerly Governor of Liberia, is fatal to Europeans and Americans, to a melancholy extent. Of sixty-two missionaries who went from the United States, forty-two of them died within a few months after landing; and of the twenty survivors, eighteen have returned home, with broken constitutions. Still, on the authority of Dr. Lugenebeel, the present philosophical colonial physician, the mode of becoming acclimated is no longer a problem. If foreigners, visiting Africa, would not insist upon having a diet like that they were accustomed to in a temperate zone, there would, in reality, be much less to fear from the destructive influences of the African climate.

*Animals preserved in Fluid.*—A Mr. Goadsby, of London, has a splendid collection in comparative anatomy, preserved in a preparation of his own discovery, after a laborious and expensive research. Prince Albert has been to see it, and Sir Robert Peel, the Premier. The latter presented Mr. Goadsby £150 from the Royal bounty fund, as a reward for his labors in this valuable department of natural history.

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*Treatment of Aneurism by Compression.*—Dr. O'Brien Bellingham, of Dublin, is the author of a work lately published on the Treatment of Aneurism by Compression. Statistical details are given to show the advantage of compression over the ligature in many cases treated by the author. The following are the deductions drawn by Dr. B. from his inquiry.

"1st. That the arteries to which pressure is applicable, being far more frequently the subject of spontaneous aneurism than those to which it is inapplicable, compression promises to supersede the ligature in the great majority of cases.

"2d. Pressure has several obvious advantages over the ligature, being applicable to a considerable number of cases to which the ligature is contra-indicated or inadmissible.

"3d. The treatment of aneurism by compression does not involve the slightest risk; and even if it should fail, its employment not only does not preclude the subsequent operation by ligature, but renders the chances of the operation by ligature more favorable.

"4th. Such an amount of pressure is never necessary as will cause inflammation and adhesion of the opposed surfaces of the vessel at the point compressed.

"5th. Compression should not be carried even so far as completely to intercept the circulation at the point compressed; the consolidation of the aneurism will be more certainly and more quickly brought about, and with less inconvenience to the patient, by allowing a feeble current of blood to pass through the sac of the aneurism.

"6th. Compression by means of two or more instruments, one of which is alternately relaxed, is much more effectual than by any single instrument.

"7th. Compression according to the rules laid down here is neither very tedious nor very painful, and can be maintained in a great measure by the patient himself.

"8th. An aneurism cured by compression of the artery above the tumor, according to this method, is much less likely to return than where the ligature had been employed."

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*The late Dr. James Johnson.*—There is no name in our profession more familiar to the American physician, or one more respected and influential as a medical writer, practitioner, and reviewer, than that of Dr. James Johnson, late editor of the *Medico-Chirurgical Review*. There is no individual, we may add, of the present age, in the profession, who has exerted so extensive and salutary an influence over medical opinions and practice, in both hemispheres, as Dr. Johnson; and now that we are called upon to record his death, we feel that one of the greatest lights of our science is extinguished, and that there is no living physician who can fully supply his place. There is no question, but that American practitioners are more indebted to this eminent writer, both in his capacity of

author and reviewer, for correct views of the pathology and treatment of our prevailing diseases, especially those of the southern and western portions of our country, than to any other, we had almost said to all other writers. We need but allude to his admirable works on "Tropical Climates," on "Indigestion," and his "Philosophy of Health," to say nothing of his Review, which, from its re-publication here, has had a very extensive circulation. Dr. Johnson expired at Brighton, on the 9th of October last, after a short illness, in the 69th year of his age.—*New York Journal of Medicine.*

*To Prepare Pure Caustic Potash.* By MR. BIZIO.—The best method of rendering potash and soda caustic, is to mix a solution of one part of the dry alkaline carbonate with one part freshly prepared hydrate of lime, and allowing it to stand in a close vessel for twenty-four hours, at a temperature of from 68 deg. to 70 deg. Fahr., shaking it frequently. The potash salt should be dissolved in 12 to 15, the soda salt in 7 to 15 parts of water; the carbonate of lime separates in a granular state, and the clear caustic ley may be decanted.—*Chemical Gazette.*

*Poisoning with Phosphorus.*—To discover the phosphorus in cases of poisoning, Runkel allows the suspected matter to digest with bi-sulphuret of carbon; after filtering, he shakes with alcohol, and then applies a gentle heat and evaporates the bi-sulphuret until only a few drops are left, and by throwing hot water upon this, the phosphorus is obtained in the form of oily drops that solidify upon cooling.—*Chemist.*

*Medical Miscellany.*—Twenty-seven persons over 70 years of age, died the last year in Newport, R. I. The aggregate of their ages was 2168; and the average, 80 years. The oldest of them was 96.—Mortality of Amherst, Mass., in 1845, 47—of which, 35 were females. Of the whole, 11, being nearly one quarter, were of pulmonary consumption. In 1844 it is believed that more than three quarters of the deaths were females.—A professorship of *phrenology* has been established in the Andersonian University of Glasgow, Scotland, and Dr. Wier, a distinguished physician, appointed to the chair. Of the 1209 students in the institution, 460 of them are medical.—The mortality of Bristol, R. I., 1845, was 72, being 25 more than in 1844.—In the city of Rome there is an asylum for the insane, and another for the deaf and dumb.—Three fourths of the women married annually in Rome, receive dowries from a charity fund, raised for that purpose. It is asserted that \$32,000 are expended in that rational way, in a single year.—Dr. Lugenbeel's letters from Liberia, which appear in the African Repository, show him to be a man of enlarged views, and eminently qualified, by nature and education, to give distinction to the office of Colonial Physician.

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DIED.—In Boston, Joseph Culien Ayer, M D., 31.

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Number of deaths in Boston, for the week ending Jan. 24, 44—Males 27, females 17. Stillborn, 5. Of consumption, 7—smallpox, 4—lung fever 5—scarlet fever, 1—child-bed, 2—inflammation of the lungs, 3—dropsy on the heart, 1—rupture of bloodvessel, 1—typhus fever, 4—teething, 1—inflammation of the brain, 1—dropsy, 1—convulsions, 1—paralysis, 1—infantile, 2—old age, 2—scald, 1—pleurisy fever, 1—erysipelas, 1—jaundice, 1—throat distemper, 1—unknow, 1.  
Under 5 years, 18—between 5 and 20 years, 1—between 20 and 60 years, 19—over 60 years, 6.



*Pulmonary Consumption in England.*—The deaths entered yearly in the returns of the Registrar-general under the head of consumption, amount to little less than 60,000. Of these, nearly a half occur at ages at which pulmonary consumption is acknowledgedly of rare occurrence. Thus, of 7282 deaths entered as consumption in the mortuary registers of the metropolis on the average of the two years 1840 and 1841, as many as 1560 occurred before 15 years of age, and 374 after 60 years of age, leaving for the interval from 15 to 60 only 5344 deaths. Many of the deaths under 15 occurred at very early ages, and many of those after 60 at periods of life at which true pulmonary consumption is known to be extremely rare. Tubercular deposits in the lungs, it is true, are often met with in the bodies of children dying of other diseases, but death from pulmonary consumption among children is known to be comparatively rare. In endeavoring to correct these evidently erroneous returns, Dr. Guy, in a late work on the Influence of Employments on Health, starts with the assumption that the number of deaths entered as consumption between the ages of 15 and 60, are a near approximation to the true number, and then proceeds to calculate the number which may be supposed to occur before 15 and after 60, by means of the deaths occurring at those ages in the London Hospitals during the year 1840. It is obvious that this mode of estimating the number of deaths from consumption is merely a very general approximation, which may require correction; but it is doubtless much nearer to the truth than the numbers given in the reports of the Registrar-general. Adopting this mode of calculation, Dr. Guy reduces the number of deaths occurring annually in the metropolis from pulmonary consumption to 5560, and by means of a calculation, in which we do not think it necessary to follow him, he estimates the total annual mortality for England and Wales at very nearly 36,000. He estimates the mortality from consumption in the metropolis at one eighth of the deaths at all ages, and somewhat less than a fourth of the deaths occurring above 15 years of age; and for England and Wales at less than one ninth of the mortality at all ages, and one in less than six of the deaths occurring above 15 years of age.

The waste of adult life from pulmonary consumption in England and Wales, that is to say, the number of deaths from consumption which might be prevented if all classes were placed in circumstances as favorable as those of the higher orders and of the professions, is estimated at 5,000 a year, and a strong opinion is expressed by our author that this number is much below the truth. The estimate goes on the supposition that the waste from pulmonary consumption occurs only in the metropolis and about twenty of the largest cities, and that the only class whose lives are thus sacrificed is the laboring class. The great liability to pulmonary consumption of the class of tradesmen shows that a large addition might be made from this source.—*British and Foreign Med. Review.*

*Physicians in Buffalo.*—The Buffalo Medical Journal says that the city of Buffalo, with a population of near 30,000, has 78 physicians, including medical practitioners of every denomination. "We have thus," our contemporary observes, "a professed practitioner of medicine for less than every 400 of our population. In view of these circumstances, Buffalo can hardly be said to offer what is technically called an 'opening' for new practitioners. In this respect, however, it is not peculiar."

TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1846.

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THE

B O S T O N

M E D I C A L   A N D   S U R G I C A L  
J O U R N A L .

EDITED BY J. V. C. SMITH, M.D.

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## INDIAN DISEASES AND REMEDIES.

[THE following remarks relate to the diseases which occurred at the Indian Establishment at Great Manitoulin Island, Lake Huron, from August, 1841, to December, 1842, and are appended to a return of the sick there, during that period, by Dr. Darling, the medical officer of the Indian Department.]

Toothache.—Creosote generally affords temporary relief, but the majority return for extraction. Acute rheumatism is rare, but one of the cases was exquisitely marked. The chronic form is exceedingly common, and always benefited by stimulating remedies. Neuralgia, in various degrees of severity, is far from unfrequent here, often in its highest degree—tic, almost always periodic; arsenic more useful than quinine. Abscess of vagina occurred in an elderly white woman; sufferings were severe. Her mingled stupidity and modesty prevented an early discovery of their cause. A touch of the abscess lancet set all to rights. Dropsy of the head, and spina bifida, a half-breed child. Some relief obtained from a seton; case hopeless, and its death to be desired; it, however, still lives. Dropsy of abdomen, a very rare disease among Indians, the subject an otherwise healthy woman. Complaint removed by the usual remedies, very much to the surprise of herself and friends, who were puzzled to know where the water went to. Ague.—Five of these cases occurred in Indians at various periods after their return from Detroit. They were all speedily cured by quinine, &c. (of which they have a very high opinion), aided by the purity of the air of the Island, where no miasm can exist productive of ague, though there is certainly some peculiarity in its atmosphere to which I am inclined to attribute the number of neuralgic cases. The sixth case of ague was the servant of the Commissariat Officer, of great severity; cold stage lasted three hours. Contracted the disease at Amherstburgh some years ago. Bled in the cold stage, took quinine and solut. arsenicalis combined. Had no return for twelve days, when he left the Island. Wound of Chest.—Fistulous, the result of a stab in a drunken fray, received five months ago. Under the right shoulder blade is a wound capable of admitting the little finger, and constantly discharging a large quantity of healthy-looking matter, but no air. The wound was inflicted by a large butcher's knife; an immense gush of blood took place on the instant, he fainted, and continued alternately fainting and the wound pouring forth blood for



three days, when it ceased. When seen, he was suffering from hectic fever. He was supplied with good food, and everything was done the nature of the case suggested. At the end of two weeks (when he left the Island, being only a visiting Indian), confident hopes were entertained of his restoration to health. *Hypochondriasis*.—A white woman, appears to have been caused by the shock she received from a friend of hers, in an adjoining house, committing suicide under appalling circumstances. Sent to her friends for change of scene, &c. *Diseased joints*.—Almost always treated by rest, starched bandage, caustic issues, and a firm roller, and some preparation of iodine internally. *Retention of urine*.—Nothing tickles the fancy of both patient and spectator more than the introduction of the catheter. The sight, however, of a large-sized one rather alarms. *Hooping cough*.—No note of these cases, as they are generally mild, seldom requiring more than an occasional emetic, and a flannel shirt, if it can be obtained. Neither has the number of deaths been given, as it is impossible to procure a correct one; to give those, therefore, of which I have cognizance, would cause such a ridiculous disproportion between the number of cases of disease and the number of deaths, as to lead to the conclusion, either that the practice adopted was unusually successful, or the cases either not what they are denominated, or uncommonly slight in degree. “I suppose you find very little disease amongst the Indian tribes?” is a question which has been put to me over and over again by highly intelligent men, who appear, oddly enough, to suppose that the absence of everything which they themselves consider absolutely necessary to existence—shelter, comfortable clothing, proper and sufficient food, &c.—must ensure to the Indian an immunity from disease and death. From that cause, very few of the human race die of mere old age. Common politeness, or the fear of a broken head, prevent your doubting the sanity of the inquirer, and few men would feel it their duty to suggest to his friends the propriety of a commission *de lunatico inquirendo*. It is better to assume a moralizing strain, to recall to his recollection that man is born to die, as the sparks fly upward; to point out that in a body of five or six thousand Indians assembled, very, very few old persons are to be seen; to take him to the Indian lodges, in almost every one of which, some one has a complaint begun, continuing, or nearly ending (as is the case in the dwelling of almost every white family in the land), and to assure him that, before nightfall, you will have ample opportunity of proving that a dead Indian is not nearly as great a rarity as a dead ass is in Europe.

[To the above, which is copied from the *British American Journal of Medical and Physical Science*, Dr. William Winder, of Montreal, has added the following remarks on Indian remedies.]

Although the Indians, being without the advantages of science to guide them in their choice of remedies, and treatment of diseases, derive their principles from mere experience, it is certain that we are indebted to their *materia medica* for many valuable articles of a vegetable kind; it is as certain that they are frequently successful in their adaptation of

these to complaints of a formidable character. One of the remedies in great use amongst them is the *geranium maculatum*, which many eminent physicians of the United States rank as one of the most powerful vegetable astringents, being principally composed of tannin and gallic acid. In the second stage of dysentery and diarrhœa, after evacuations: in hemorrhages of the alimentary canal; and as a styptic in external bleedings, it rarely fails of giving relief. Its dose is from gr. x. to 3ss. of the powder, or 3ss. to 5j. of a decoction made with rad. geranii, 3j., aquæ ferventis, ℥ss. With the Indians it is a favorite external styptic, the dried root being powdered and placed on the mouth of the bleeding vessel. It is also much used by them as a wash in leucorrhœa. Internally, in doses of half a teaspoonful in cold water they consider it very efficacious in hæmoptysis, and in this opinion they are fully sustained by Thatcher, Mease, Bigelow and others.

The *xanthoxylum fraxineum*, or prickly ash, is one of the most valuable remedies of the Indians for the cure of rheumatism. It is said to resemble gualiacum in its properties, and is much used by the Americans as a remedy in chronic rheumatic complaints, and particularly in cases of a syphilitic taint. Bigelow says he gave the bark of this shrub in doses of ten and twenty grains with great advantage.

An excellent tonic is the *xanthoriza apifolia*, its composition being principally resin and gum, and the taste intensely bitter. The dose is ʒij. of the powdered root. The Indians administer it as a diuretic in dropsy, and also use a cold watery infusion for sore eyes.

A favorite and well-known remedy with the Aborigines is the *eupatorium perfoliatum*, having the familiar names in the United States of boneset, crowswort, thoroughwort, &c. Its taste is intensely bitter, with a slight astringency, but no acrimony, and its operation is tonic, sudorific, cathartic, according to the mode of its exhibition. It is given in cold infusion in intermittents, continued fevers, and inflammatory diseases; to produce vomiting and catharsis in hot infusion, and as tonic in substance. In the United States Pharmacopœia, there is an official formula, infusum eupatorii. The natives administer it with good effect in fever, and as a common drink in acute rheumatism, pouring a quart of boiling water on two drachms of the leaves, and drinking about three ounces three times in the day.

The *cornus florida*, dogwood, is said to differ little in its chemical composition from the Peruvian bark, and Dr. John Walker states, that of all the indigenous tonics, this is the most beneficial in intermittents. Thirty-five grains of dog-wood bark are said to be equal to thirty grains of cinchona. The Indians use a decoction of small branches and buds, in want of appetite and debility of the stomach. It is valued also as a poultice to correct ill-conditioned sores.

The *polygala senega* is too well known to need description. It is much used by the Indians, who give it in cold infusion during the remission of fevers, attended with great prostration of strength, and in diseases of the pulmonary organs. They also esteem it highly in female com-

plaints, and in this agree with Dr. Chapman, who considers it the most efficacious emmenagogue, and useful in all forms of amenorrhœa.

It is not a little remarkable, that among all the Indian tribes known to Europeans, the production of increased perspiration constitutes one of their principal remedies. A favorite and universal mode of procuring this is, the use of the vapor bath, and the construction of this is similar throughout the different nations of the North West. Mr. Cormack, in the account of his expedition to discover the aborigines of Newfoundland, or Red Indians, says that he discovered, in a deserted village, the remains of a vapor bath. The method used to raise the steam was by pouring water on large stones made very hot. Over these a hemispherical framework, closely covered with skins, was placed to exclude the external air. The patient then crept in under the skins, with a birch-rind bucket of water, and a small bark dish to pour the water on the stones, and thus enable him to produce the steam at pleasure. He remains as long as the heated rocks retain heat sufficient to raise the vapor, when he retires, wrapped in a robe or blanket, and goes to bed. The bath is principally used in rheumatism, dropsy, and the cold stage of fever. Warm sudorific infusions are taken in the bath, and the debility induced is sometimes so great that the patient faints, which, however, followed by proper treatment, generally has a beneficial effect.

I have said that the Indian is guided by experience in his treatment of disease. For example, when suffering from acidity of the stomach, he takes some of the absorbent earths that are found on the banks of the rivers. Bleeding in their inflammatory diseases is also much used. But the simple native of the forest does not employ the former from any knowledge he possesses of the principles of chemistry, nor the latter from any acquaintance with the laws of physiology. We, on the contrary, when a few grains of soda are taken to effect the same object, show our learning, and sometimes our pedantry, by explaining that, as the soda contains an alkaline principle, the acidity of the stomach is neutralized by its administration, and a purgative salt being formed, in some measure, by the combination, the double purpose is thus effected of a corrective and an aperient; whilst the bleeding lessens the momentum of the circulation, and checks inflammatory action. Still the results are the same. The uncivilized man gropes his way in the dark, and though we are led by the light of the lamp of science, each attains his object by the same means. Their remedies must necessarily be simple in ordinary cases, consisting chiefly of warm infusions, powdered barks, roots and leaves. A modern writer states, that, in their febrile diseases, they make the state of the skin and bowels the guide by which to regulate their practice. When the skin is moist for a considerable time, and the thirst ceases, they say there is no danger. When the evacuations from the bowels become less offensive, and change their color, the tongue becoming clean, they stop purging and diaphoresis. If there is great debility, they commence giving tonics, which are commonly bitters. Should these induce costiveness or a return of the fever, evacuants are again had recourse to. There is something so rational, and yet so simple, in all this,



that I hardly think we should find anything to improve upon it in Sydenham or Cullen; and, as the great Boerhaave tells us, that "simplicity is the seal of truth," probably here is as much practical, unsophisticated truth, as will be found in the elaborate treatises of ancient and modern professors.

That they are acquainted with the mode of relieving inward pains by treatment similar to the moxa, is seen by their burning a piece of touch-wood over the pained part, and suffering it to produce a blister. They are also aware of the advantage of relaxing the muscles in dislocations, for in cases where they do not succeed readily, they nauseate the patient to a most distressing degree, and then find very little difficulty in reducing the luxation. Tumors and abscesses are allowed to suppurate, generally, without any application to them. When much inflamed and painful, plasters of bruised herbs, or warm fomenting poultices, are used. If matter forms, they make an incision for its escape, and continue the poultices to promote the discharge.

The subject of Indian diseases and remedies affords much matter interesting to the philosophical inquirer, particularly as to their mode of treating the more formidable complaints of dropsy, rheumatism, syphilis, pulmonary consumption and asthma, in which they are sometimes very successful.

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#### ON THE TREATMENT OF BILIOUS COLIC BY COPIOUS ENEMATA.

By J. S. Paige, M.D., of Oswego, N. Y.

THE case which led to my first essay in this mode of treatment occurred in the summer of 1818, when I was called to attend a man, aged about 35 years, who was laboring under a very severe attack of bilious colic. I pursued the routine of treatment usually followed in such cases, and called to my aid several reputable practitioners of medicine as counsel, and after using various cathartic and emetic medicines, blood-letting, opium, a blister on the abdomen, fomentations, general warm bathing, and oft-repeated enemata for forty-eight hours or more, I found that I had made no progress towards affording my patient even any hope of relief from his almost intolerable condition, when a lucky thought, as it proved to be, came into my mind—that of making a direct application of some degree of pressure upon the constricted portion of the intestine from below, by introducing a large quantity of fluid with a syringe.

I accordingly directed six pints of water, milk, and molasses, which I commenced using with a half-pint syringe—the largest at my command at the time—and after using almost the whole of the liquid on hand, the patient began to complain of increased pain and pressure at the point of obstruction, and desired me to desist; but when I made known to him my plan of operations, and that this afforded him the only hope of relief, as I believed, he patiently submitted to my wishes to retain the fluid and allow me to make a little firm pressure therewith on the con-

striction for a few minutes, which I did, and on withdrawing the syringe, I, as well as the patient, had the great satisfaction to find that the object of our most earnest desires was accomplished; for copious discharges of fecal matter took place in a very short time, and an almost immediate relief was the result, only a considerable degree of tenderness and some fever remaining, which however soon subsided by the use of mild laxatives, diaphoretics, &c.

Two or three weeks afterwards the same individual had another attack of the same disease, from his own imprudence. I commenced the treatment by overcoming the obstruction in the same way as at first, which succeeded in a very few minutes in giving relief; three quarts of fluid also were used on this occasion.

The success of this plan in these two cases induced me to commence the treatment of similar cases in the same way, and it has been the uniform mode of my treatment ever since (except in one case of a female where delicacy required a short trial of the ordinary means and which were soon successful in that case), and I have never failed in affording speedy relief in any case.

In two cases occurring in another individual, I found it necessary to use six quarts each time before relief was obtained; but I have never found it necessary to introduce more than about three quarts in any case, except in the ones last mentioned.

Since the compound syringe has been introduced into use, we are enabled to force liquids into the intestines with more facility than with the common syringe, and therefore whenever it becomes necessary to use large quantities in this way for any purpose, we have more efficient means of doing it at our command.

The quantity of fluid to be used in these cases must be measured by the demand of each individual case, and the directions I would give for securing the object in view, are, to introduce, on our first arrival at a case of this kind, a quantity of mild liquid, such as warm water, or warm water mixed with molasses, or some mucilaginous fluid, slowly and steadily till the obstruction be reached, and then to keep the instrument, in situ, a few minutes, and make a gentle but firm pressure with the liquid upon the constriction, for if this precaution be not observed, we may fail of affording the relief we so much desire.

After the bowels are evacuated, and the obstruction overcome, some mild laxative should be given to gently move the bowels, and this will generally finish the work; and for this purpose a dose of olive or castor oil, I suppose, will be as good as anything, unless the disease depended on a derangement of the liver, as is often the case, and then more active medicines should be used, at the discretion of the physician.

Some of the considerations which urge me to recommend this mode of treatment are, that relief may be more promptly and surely obtained than by any other method, for although other means may act in time, there must necessarily be some delay, if they be not rejected by vomiting, which usually attends this disease.

Great certainty and promptness, these are strong recommendations

in favor of the mechanical treatment, and from what I have seen, I feel very confident that it will succeed in almost all *curable cases*, if seasonably applied, and there is perfect safety also to recommend it, if used with reasonable caution. The use of large injections may serve other valuable purposes—they may be resorted to in removing intestinal concretions, hardened feces in obstinate constipation, in reducing intussusception of the bowels, perhaps in removing worms in some cases, also in irritated conditions of the mucous membrane, in dysentery or other inflammations, and in some cases of poisons in the bowels.

From the great extent of the digestive and absorbent tube and its many diseases, I think it not improbable that much may be done by large injections as media of conveying medicinal agents where they may be directly applied in the treatment of diseases in that canal.—*New York Journal of Medicine*.

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### ENLARGED TONSILS, REMEDIED WITHOUT THE KNIFE.

By S. B. Phillips, M.D.

MR. ——— called on me, and stated that one of his children had an enlargement of the tonsils, to such a degree as to amount almost to suffocation. He was often awakened during the night, by the noise of his breathing, and obliged to change his position to enable him to breathe with more freedom. He informed me that he had consulted his family physician, who attempted to remove them by an instrument for that purpose; but the lad was so unmanageable that he could not succeed.

He wished to know if there was not some other method of relief, besides cutting; stating, at the same time, that he was discouraged respecting an operation, since the attempt of the doctor had failed, by some of his friends, who, residing eastward, had had several of their children operated on in Boston, for the same cause, which failed of affording a permanent cure, as they grew again to their former size, giving origin to the same impediment to the respiration. They advised him not to have the operation performed, by any means, though the lad should make no resistance. I informed him that other methods had succeeded in removing such difficulties, and that it was possible something might be done to relieve his child, without an operation.

On examining the tonsils I found them very much hypertrophied, meeting each other, apparently filling the fauces entirely. Their enormous size rendered it almost improbable that they could be reduced without cutting. Nevertheless, I applied argenti nitras, in the solid state, for several days, and directed the iodide of potassium, as freely as the stomach could bear. They soon began to diminish, and permit him to breathe with comparative ease; and ere long they were reduced to such a size as to be of no inconvenience whatever. About two years have now elapsed since the treatment, without any return of the difficulty. There is no doubt but that the alterative treatment prevented the return of the disease, as the patient was of a strumous diathesis, while the



caustic served to reduce the size more immediately, than would otherwise have taken place ; though it is probable, the administration of iodine would in time have reduced their size, without any other means.

The mere cutting of these bodies, does not change that condition of the system which *first* caused their enlargement, consequently it often proves an immediate relief only, but not a cure ; because they are often found to grow again. The dread parents feel, of having their children cut ; the danger of the operation, in consequence of the proximity of the internal carotid artery ; the restlessness of children, rendering it often impossible to perform the operation ; and the frequent failure of a permanent cure by an operation, *per se*, are sufficient to condemn the operation in *most* cases ; especially in patients of a scrofulous diathesis, which is almost universally the case.

Though this operation is comparatively trifling, yet there are others of greater magnitude, and of more consequence to the patient, which have been performed, when other means might have prevented the maiming of our fellow creatures, and as far as life was concerned, proved equally *conservatory*. The idea is indeed painful, that there have been multitudes of human beings, whose limbs have been sacrificed to the knife, which might have been saved by the use of more simple and less painful means. —*New York Medical and Surgical Reporter*.

#### A NEW PROCESS IN EUDIOMETRY.

By M. Lassaigne.

SINCE the discovery of the component parts of the air, many methods have been employed by chemists to discover the relative volume of the constituent parts of this elastic fluid. The processes generally resorted to in laboratories, are all founded on the absorption of oxygen by various simple and compound bodies, whether at the ordinary temperature of the air, or by exciting the action, by caloric or electricity. In this manner the solution of sulphuret of potassium was formerly used, and afterwards phosphorus, hydrogen, and the binoxide of nitrogen have been employed, and of late years the proto-sulphate of iron, decomposed by potassium, has been recommended.

Dumas and Boussingault, by submitting air to the action of copper in a state of division, and heated to a dull red heat, has latterly produced an important modification which enables us to estimate, by weight, the oxygen and nitrogen which exist in the air, instead of calculating the volume of each of these gases, as was the case in old eudiometrical experiments.

In performing experiments, latterly, with proto-sulphate of iron, according to the directions of M. Dupasquier, and repeating the process he pointed out and published, we were led to adopt a test well known to chemists, but which, so far as we know, has never been applied to the analysis of air.

This method is founded on the readiness with which copper divided

into thin tables becomes oxydized in contact with the air, in the presence of liquid ammonia, and on the formation of a blue ammoniuret of deutoxide of copper.

Many successive experiments having shown us that this test, acting in a limited volume of air, in a very short time completes the total absorption of the oxygen contained in it, leaving the nitrogen free, we were induced to think of the application of this property to the analysis of the air; and the result has been what we expected.

The application of this new method is extremely simple, and it requires the employment of no peculiar apparatus. A common graduated tube 14 to 15 centimetres in length, and 12 millimetres in diameter, and a small phial with a ground-glass stopper, containing 30 to 35 cubic centimetres, are the only vessels necessary.

The process consists in introducing into the phial from three to four grammes of copper turnings, then pouring in distilled water until the phial is half full, and afterwards filling it with a concentrated solution of ammonia. The bottle, thus completely filled, is closed with its glass stopper, and inverted in the water trough, taking care that the copper turnings do not rest on the orifice of the bottle. This first disposition being arranged, you measure a volume of air in the graduated tube filled with water, and by means of a small glass funnel it is passed into the bottle, which has been uncorked under water. This being done, the mouth of the bottle is immediately closed, and it is taken out of the pneumatic trough, and shaken incessantly for eight or ten minutes. In less than a minute or two the ammonia is seen to assume a bluish tinge, which becomes gradually darker, as the ammoniuret of deutoxide of copper is formed. This blue tint assumes its maximum of intensity when you operate on from 15 to 20 cubic centimetres of air, it then becomes gradually fainter, when all the oxygen of the volume of air on which you operate has been absorbed; this gradual loss of color, which points out the close of the operation, is due to the action of the copper, in excess, on the ammoniuret of the deutoxide, which is converted into colorless ammoniuret of protoxide.

When we have arrived at this point of the experiment, the gaseous residue is passed into the graduated tube for the purpose of measuring it, taking the precautions requisite in these kinds of operations. In the various experiments we have made, by employing the method we submit to the notice of chemists, the gaseous residue, after having been subjected to the action of copper and ammonia, contains no trace of oxygen; for if phosphorus be introduced to detect it, it gives out no phosphorescent light in darkness, nor does it produce any diminution of its volume.

The volume of the nitric gas determined by this process, has always been two or three tenths of a degree greater than that obtained by the action of phosphorus upon the air. The proportion has been 79 : 79.2. The later number deduced from our experiment, comes very near 79.17, which MM. Dumas and Boussingault have deduced from the most laborious analysis of the air.

When analyzing an artificial mixture, composed of 41.5 air, and 57.5

nitrogen, in which the proportion of nitrogen is necessarily increased to 90.2, the new method indicates 90 of nitric gas.

The simplicity of this operation, and the short time in which it can be performed, will enable us, without doubt, to employ it in various cases.—*Chemist, from Comptes Rendus.*

### THE PERIODICAL PHENOMENA OF MAN.

[Communicated for the Boston Medical and Surgical Journal.]

THE Committee of the National Institute, to whom was referred the letter of M. Quetelet and the pamphlet of M. Schwaun, relative to the periodical phenomena of man, respectfully report:—That they have attentively read the articles, and consider the subject well worthy of the attention of the National Institute. Many facts relating to the periodical phenomena of nature may be gleaned from medical books, journals, and statistical tables, but a concentrated body of facts derived from an extensive and accurate observation, in different quarters of the globe, is a great desideratum, which these scientific gentlemen wish to supply, and in which learned societies and individuals should coöperate. Your committee have made a synopsis of the contents of M. Schwaun's pamphlet, which they herewith submit, and they respectfully recommend that it be laid before the "Committee appointed to write a Circular," with instructions that they call the attention of other societies, the managers of hospitals, and the friends of science generally, to the subject, and if possible induce them to institute the observations therein suggested. THE COMMITTEE.

*Instructions for Observations on the Periodical Phenomena of Man.*—After speaking of the advantages of these observations, the author divides the subject into two parts:

1st. Periodical phenomena, that is, such as are repeated at absolute epochs, after a certain number of years, days, hours, &c.; for instance, diseases which recur every winter.

2d. Phenomena, the manifestations of which are confined to a determinate epoch of life—as the age of puberty.

There are phenomena which belong to both classes. Death depends, without doubt, upon age, and it would seem that it should be arranged under the second class of phenomena. But, on the other hand, death depends, also, upon the seasons, as the number of deaths is not the same at all seasons; in this point of view it should be comprised in the first class, &c. They are arranged in the 1st or 2d class according to their more or less manifest dependence upon an absolute or relative epoch.

1st. Periodical phenomena, which recur after absolute epochs, may be divided into those which have an annual and those which have a daily type. But, generally, their number is very limited.

The influence of seasons may be remarked in those where production depends principally upon the epoch of life; for example, by a great number of deaths in a certain season.



These are not phenomena which are renewed, in each individual, every year, regularly, as we find with many animals, where these phenomena are less marked: it is necessary to examine a whole population, that is, to recur to statistics, to recognize this influence in a precise manner. Man is certainly less subject to the influence of exterior agents than other animals.

The principal annual, periodical phenomena of animals are, "le rut" (prurience), migration, moulting, hybernation, torpor, &c. Analogous phenomena are not found in man. There is in spring, at least in our climate, a kind of awakening of all the forces of organism; but it is difficult to verify it by positive facts. For the sexual function, the number of births at different periods of the year, furnish means of calculation, &c.

It may then be seen if this period be the same every year, or if it have variation; if the latter, we may judge whether these variations are produced by meteorological phenomena, or upon what other circumstances they depend.

What is said of man's being independent of the action of the seasons, in health, is not applicable in a state of disease. Every season and every change of meteorological condition produces a particular kind of disease. There is, also, a circle of diseases which recur regularly every year, and the diseases which occur in all seasons, present, often, shades of difference which are the effect of the season in which they occur. There are, moreover, diseases that enter into the observation of the periodical phenomena of man. The records of hospitals furnish, on this point, valuable data. It would be expedient that extracts in sufficient detail, were published, annually, in all the hospitals, &c.

As hospitals contain, usually, but a certain class of diseases, the notes of private practitioners, especially country physicians, would be of great importance. These physicians should communicate journals of their practice, at the end of each year—state the diseases, remedies, &c. Thus M. Francois has remarked a type of three or four years in the return of measles and scarlatina. The above relates to the annual type of periodical phenomena. The diurnal type is postponed for a time.

2d. Phenomena, of which the manifestations are confined to an epoch of life. Here are examined all the phenomena which human organism presents, in its successive developments, from its first formation in the egg to death. We have, for example, to examine the developments of each organ, at each period of life, intra and extra uterine, the ages at which the different phases of dentition and puberty take place. The field is immense, but if observations were complete, made on a sufficient number of individuals and in different localities, we should be in a condition to fix the proper period at which each epoch ought to take place—we should be able, thus to speak, to ascertain "*l'homme moyen*" (the medium man), at every age, and we could appreciate the differences which exist amongst different nations and those which are produced by different localities and other accessory circumstances. It is, in fact, an essential complement to the knowledge of human organism, to know the

period at which the phenomena, in the course of development, take place; for instance, dentition, &c. &c.

An isolated savan cannot collect a sufficient number of observations, under circumstances sufficiently varied. To cite some examples: we know the most prominent differences, in the exterior form of different races, also the differences of the cranium, and partly those of the brain; but the differences which may exist in other organs are unknown to us.

We know not what are the characteristic differences of the several nations of Europe. We know that the organs do not all develop themselves in the same proportions, that one is well developed when the other only begins to form. But we do not possess data sufficiently precise and numerous for this subject. We know that several organs have, amongst themselves, such sympathy that the development of one being prevented, that of the other is arrested. Thus, such a relation exists between the testes and the development of the beard and larynx. Other organs may have a like relation, but we do not know it, because it is not presented to our eyes, having for its object internal organs, of which the precise date of their development has been neglected, &c. &c. Healthy subjects should be taken.

The principal organs which should be the objects of research:

I. Measure all the organs at all the epochs of life, as well foetal as extra-uterine. Subjects who have died accidentally should be taken, &c. For the purpose of having a point of comparison, take an account of the dimensions, weight, &c., of the subject. Note the age, sex, habitual occupation, profession, and the cause of death, whether from hemorrhage or not. To establish a comparison between the weight of an organ and that of the body, it should not be forgotten that the variable quantity of fat produces a difference rendering results less exact, &c. Be careful to have the *exact length*, and avoid subjects *too fat*. Having obtained these general data, proceed, by autopsy, to examine the internal organs, &c. The organs should be weighed, immediately after they are prepared, because they lose by evaporation. The principal organs which should engage attention are the brain, lungs, liver, spleen, kidneys, testes, ovaries, heart, salivary glands, pancreas, thyroid gland, thymus, the intestinal canal, the verge (membrane virile), uterus, &c.

The weight of the osseous and muscular systems should also be ascertained (some directions on this head).

II. Dentition.—The exact age at which each tooth appears, should be ascertained. Note the sex, diseases, and whether affected with rickets, scrofula, &c. &c.

III. Puberty.—The age of the female is indicated by the appearance of the menses; of the male, by the development of the genital organs, hair on pubes, beard, voice, involuntary emissions, &c.

IV. The epoch of involution—when the genitals approach the state previous to puberty. It is characterized in females by the cessation of the menses—in males by the absence of “spermatism” (the rules for ascertaining this not satisfactory), or the period when the power of erection ceases.

## ASTHMA PRODUCED BY EXCESSIVE VENERY.

[Communicated for the Boston Medical and Surgical Journal.]

MANY cases of asthma have been mentioned within the last year or two as having their origin from ipecacuanha, but I have not seen any reports where abuse of the sexual passion is ascribed as a cause of the complaint.

Mr. S., aged 70, had general dropsy, which was the cause of his death in 1845. He had previously suffered from severe and repeated paroxysms of asthma. The first of these attacks occurred when he was about 30, *when he was actually engaged in sexual intercourse*. Afterwards these fits frequently recurred, and were violent and protracted in proportion to the extent of former extravagances. He was deprived of the venereal desire at the age of 60, and from that time till the period of his death he was *entirely* free from the asthma. He was of the opinion himself that *this excess* was the cause of the disorder.

I have seen another person whose asthmatic paroxysms are rendered more frequent and severe after coition; even moderate excitement of this kind makes him worse. A neighboring physician is acquainted with a similar case.

If it is important to know anything of a disease, it is certainly of great consequence that its *causes* are fully understood. We have recently learned that the fumes or odors of certain drugs produce asthma, and that enlarged uvula has brought on the disorder, &c. I hope physicians will give their attention to the above case, and contribute other evidence to the point in question (if any such evidence exist); for, as I before observed, it is an interesting topic, and great good may result from an investigation. And in conclusion, will it not be profitable to submit the question to your readers and correspondents—"Is excessive venery ever a cause of asthma?"

QUERIST.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON, FEBRUARY 4, 1846.

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*Cold Water Cure.*—"The Green Mountain Spring" is the name of a new periodical, to be published semi-monthly, provided a sufficient number of subscribers is obtained. It is printed at Brattleboro', Vt., and edited by Robert Wesselhæft, M.D., the founder and life of a hydropathic establishment in that town. The first number of this new publication, which we suppose is a sort of feeler, sent out to sound the community in regard to the matter of being washed scientifically in river water, in Vermont, declares that it is to be "*devoted to discussion and information concerning the popular and medical uses of water; to a report of cases of water cure—treatment, and to the nurture and education of children; to diet and health.*" Here is ample ground for tillage, and if Dr. Wesselhæft succeeds, by constant irrigation, to convince the inhabitants of New England



that the great end of life is to be in cold water, he will accomplish a great work. It is curious to notice that every article in this new Journal is burthened with water. The everlasting repetition is tedious to the reader, who soon discovers that this element is to be the remedy for every distemper that seizes upon the human frame, and is to serve on all occasions and under every aspect of disease.

We learn from this paper, that a water-curing institution has been opened at Biloxi, Harrison Co., Mi., between Mobile and New Orleans—terms, 70 dollars a month for patients. A small one was opened, also, at Northampton, Mass., it seems, last season. At New Lebanon Springs, N. Y., another is in its incipient state, for some time under the “occasional direction,” says the Green Mountain Spring, of Mr. Sylvester Graham—which “direction,” occasional or otherwise, would weaken even a pretty good cause. At Philadelphia, a Dr. Schiefferdecker, and at New York, Dr. Shew, are engaged in the water business; and at Morristown, N. J., Dr. Dexter has commenced operations in hydropathy.

Of the literature of this specimen No. there is not much to be said. It does not do the editor justice, since we are satisfied, from a personal acquaintance, that Dr. Wesselhøft's powers are of a higher order than this paper exhibits. A constant devotion to the one absorbing thought of revolutionizing the public sentiment in regard to the cure of diseases exclusively by cold water, would appear to have debilitated the mind, or at least so diluted the intellect that to some extent the dilution is actually perceptible to an unbiassed reader.

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*Reciprocal Duties of Professors and Pupils—Dr. Mitchell's Introductory.*—On the third of November last, Thos. Mitchell, M.D., of the chair of Materia Medica, Therapeutics, &c., in Transylvania University, gave a lecture, introductory to the annual course of medical instruction, a printed copy of which has been received. Dr. Mitchell admits that the usual lecture term is too short to impart an extended view of any one subject. Thus there is hurrying on the part of the chair, and sometimes impatience in the pupils. The one has not time enough to give full weight and measure, and the other discovers it, but has no redress, since by common consent, in this country, every body and everything must go upon a rail-road speed, or at once be unpopular. One of the subjects that should engage the attention of the proposed medical convention, in May next, if it is convened, should be that of a uniform prolongation of the term of medical lectures. Instead of thirteen weeks or sixteen, four months at each and all the schools would give the faculties more opportunities than they now have for being thorough. Dr. Mitchell perceives what the exact duty of a public teacher is, and this may perhaps account for his popularity at the University. Next, with equal adroitness, he sets forth the obligations of the students, all of which are comprised in two words—attention and decorum. Those who are so regardless of their reputation as to be perpetually violating the rules of good breeding in the lecture room, by exhibitions of vulgar bearing, ought, in our opinion, to be expelled instant. Dr. Mitchell arrives at the same result in milder diction, but we have no hesitation in declaring that order is the first element of success in a medical institution. Punctuality, too, in both students and instructors, must be insisted on by the legal guardians of the

school. Taking the liberty to trench for a single minute on the next professor's hour, introduces utter confusion for the day, and therefore should never be tolerated. The Boston school of medicine is a model in respect to exactness in the lecture hours. At Philadelphia and New York, too, there is punctuality in the business of each department, evincing a growing love of order, which the phrenologists intimate is not precisely characteristic of the people of the United States. Dr. M. remarks—"The late Mr. Dwight, in his very interesting volume of Travels in the North of Germany, has recorded an important fact touching the University of Göttingen. May it be the good fortune of some future historian, to make as favorable a record in reference to all the medical schools of this country. 'The lectures,' says the author, 'commence ten minutes after the sound of the clock, and terminate the moment it strikes; the professor detaining the class no longer than to finish his sentence. To a greater delay they would not submit, not even to finish a paragraph, as that might prevent them from reaching the lecture room of some other professor in time; *it being considered indelicate for a student to enter the room after the lecture has commenced.*'" Dr. Mitchell gives excellent advice in morals; enjoins a careful observance of the Sabbath, and closes the discourse thus. "Be it our constant aim to learn more and still more of the mysteries of our own nature, that we may become more useful in society, and more honorable in our profession."

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*Liston's Lectures on Surgery.*—Such is the rapid multiplication of new works in the various departments of medicine, that no one individual could possibly keep pace with them, were he obliged to read the whole in the order of their appearance. Fortunately, there is a diversity of tastes, as well as subdivisions of the various departments, which affords an opportunity for each one to gratify his own predominant passion in study. All cannot be operators, nor all perfectly qualified for the various responsibilities of the surgeon, the physician, or the oculist. Therefore each has his favorite pursuit, and the never-tiring press of our various publishing houses gives each his most coveted mental food. By this allotment of parts, the whole is kept in an active state of progression, altogether favorable to the future medical reputation of the United States.

Last week we were delighted with the reception, from Lea & Blanchard, of a series of "Lectures on the Operations of Surgery, and on the Diseases and Accidents requiring Operations, by Robert Liston, Esq., with numerous additions by Thomas Mütter, M.D., &c., of Philadelphia." After an examination of the volume, which is conversational in style, and admirable, too, in all respects, we could not refrain from regretting that Dr. Mütter had not commenced and completed the work entirely by himself. He might have produced a book equal to the one to which his name is thus attached. We are beginning to have a feeling of national pride upon this point. Books are continually republished at Philadelphia and New York, which are supposed to be Americanized and fitted to the condition or comprehension of the profession, we hardly know which, by having the name of one of our own countrymen on the title-page. In many cases, this practice is objectionable, as an effort to get a kind of literary reputation which is undeserved. But when a man of sterling merit actually adds facts which enhance the original value of the text he

is endeavoring to improve, then and then only is a second name, with notes and additions, to be tolerated. Dr. Mütter, in this instance, has stitched on, in effect, an additional treatise on surgery, so that in buying Mr. Liston's lectures delivered in 1844, at the University College, London, we have a choice collection also of Philadelphia surgical matter. We should even now be glad to have it in a distinct and separate volume. All who have had the *London Lancet*, have anticipated, as far as Mr. Liston's lectures go, this series. It is all plain and all practically useful information. Illustrations abound, interspersed through the 565 large octavo pages. Altogether, it is a desirable book. Its style, the importance of the subjects discussed, the facts detailed, and the high authority of the lecturer, together with that of his annotator, must exert a beneficial influence on the operative surgical practice of the whole country. Copies are on sale at Messrs. Ticknor & Co.'s, Boston.

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*Medical Students in Kentucky.*—One is led to fear that the profession will be overstocked in the Middle States, at the present rate of graduating candidates for medical practice. Besides the flourishing and excellent school at Lexington, that at Louisville is becoming leviathan in point of numbers. During the late lecture term, ninety-eight of the students at this school belonged to Kentucky; ninety-one were from Tennessee; fifty-four from Mississippi; thirty-five from Alabama; nineteen from Missouri; sixteen from Indiana; eight from Virginia; four from Ohio; four from Arkansas; four from Georgia; three from Louisiana; three from Iowa; two from Texas; one from Pennsylvania; one from Illinois; one from Connecticut, and one from Prussia.

One gratifying reflection in regard to this multiplication of medical laborers is, that they must be well taught in order to pass the necessary ordeal: The people will have good practitioners at the South, although, in the end, there may be too many of them. Splendid additions to the cabinets are constantly being made, which give those who pursue the study of medicine and surgery at Louisville, extraordinary facilities for acquiring an accurate knowledge of an arduous profession.

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*Club Feet.*—Not many days ago, we saw, with Dr. Brown, of Boston, the orthopedic operator, a little bright-eyed boy, of fine form and light step, who, not two months before, was so badly club-footed that he must have walked on the instep instead of the bottom of the foot. Dr. Brown exhibited a plaster cast of his patient's actual condition when he came to the institution, which was painful to look upon. No one would have surmised that the little fellow had been the distorted creature these truth-telling models represented, from his present activity and well-shapen pedal extremities, advantageously set off in a good fitting pair of boots.

Many object to this modern tendon-cutting surgery, and, perhaps, with valid reasons in some cases; but the transformation of this boy, from deformity to beauty, is the kind of argument that convinces the understanding; and we permitted the happy child to skip out of the room, proud of a city that had the facilities and the skill for achieving such a triumph for humanity.



*New and Delicate Medicines.*—Mr. Burnett, Tremont Row, Boston, has just received an assortment of chemical preparations which are well deserving the attention of practitioners. Their delicacy and the neatness of the packages, to say nothing of their utility, are worthy the close examination of druggists and others. Valerianate of quinine, daturine, solanine, hyoscyamine, atropia, veratria, &c., are among the number which he has recently imported. He has also the fluid extract of senna, prepared by a London chemist, purposely for his establishment, and far superior to the infusion of the Pharmacopœias. Most of the concentrated preparations of this drug, owe their efficiency to the scammony, jalap, and other active purgatives which are introduced. This is unquestionably what it purports to be, a preparation of the very best quality of Alexandria senna, and nothing else.

*Vaccinating Instruments.*—Among the improvements of the day, Mr. Burnett has brought to notice, within a few days, a new instrument for vaccinating, or rather one which is new to us. It is, essentially, like a saddler's needle, with an awl-shaped point. When laid upon the table, the handle, being round, keeps the sharp edge from touching. Lancets are frequently ruined by losing their points in the simple act of laying them down before there is time for recasing them. It strikes us that Mr. Burnett's instrument is destined to supersede all other contrivances for the operation of vaccination. Whoever uses it once, will acknowledge its superiority, at least.

*A Knave in the Medical Ranks.*—Some time ago, the circumstance was mentioned of the cowardly annoyances made upon us through the post office, by an anonymous letter-writer, who was ferreted out quite singularly. We were sorry for it, preferring to be in ignorance of such a mean spirit—especially as he was enjoying our personal respect before. He has since vented his vulgar spleen upon Dr. Leonard, of Lime Rock, R. I., the author of an article, in the Journal, on Homœopathy. Whenever any one dares to express himself freely upon that subject, it stirs up the deep pool of envy, hatred and wrath, in "*One of the Profession*," as he styles himself. Not content with shamefully insulting Dr. Leonard, in a letter, by mail, he resorted to slander in a N. B., by saying, "Dr. Bigelow has adopted the homœopathic treatment—what do you think of that?" This assassin may yet involve himself in difficulties of a formidable character by pursuing the course he has adopted. He cannot avoid being entangled in his own net.

"Give me an open foe,  
Instead of a cut throat in the dark."

*Honor to Bichat.*—According to a late number of the *New York Courier des Etats Unis*, says Dr. Tabor, the remains of this celebrated physiologist and medical writer, after having reposed for forty-three years in the old St. Catherine cemetery, have been transposed, with great pomp, to *Prece la Chaise*. The pious ceremony, however, was marked by a curious incident. On exhuming the remains, the skeleton was found without the

head. The grave diggers thought they had mistaken the bones of some decapitated malefactor for those of the celebrated professor! but this circumstance, on the contrary, did but establish the authenticity of the skeleton. The following was revealed. When Bichat died, his loss caused professor Roux, his intimate friend and companion in labor, very severe grief. Wishing to have constantly by him, some souvenir of his friend, M. Roux cut off his head. We will say, *en passant*, that this head was some years after presented to the Phrenological Society, which pronounced it that of an idiot! The famous Spurzheim pronounced the same opinion upon Laplace's head. However, a deputation having besought M. Roux to profit the occasion in relinquishing the head of Bichat, he at first refused, but finally consented, and the body was re-interred entire. Furthermore, M. Roux is not the only one who has conceived the idea of thus preserving a material relic of a dear friend. When the famous Broussais died, his son cut off the head, and he keeps it in his study.

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*Insanity in a Criminal Case.*—Not long since, a Dr. Baker was executed in Kentucky, for murder. Dr. W. H. Richardson, of the Medical Institution at Lexington, says the Post, is familiar with the phenomena of insanity, and declares that Dr. Baker was insane. Bates, the murdered man, left the sum of \$13,000 to procure the conviction of Baker, says the same paper, which, take it all in all, was a curious instance of revenge. The Louisville Democrat, in reviewing a pamphlet of 150 pages, containing the evidence on the trial, comes to the decided conclusion that the hanging of Dr. Baker was a judicial murder.

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*Death of Medical Men in Boston.*—With a pretty strong medical corps in proportion to the population, we recollect of but one death of a physician in the city during a period of nearly a year. That individual's decease was chronicled last week. Notwithstanding the harmony of the profession and their admirable social organization, it was remarked that only four of his medical brethren were at the funeral. It should have been otherwise. All other associations pay a more strongly-marked expression of respect to the memory of their departed members.

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*Geneva Medical College.*—A catalogue of this institution is lying on our table, giving the information that the College is exceedingly prosperous. One hundred and seventy-eight students must have filled the rooms. The faculty are workers—which is invariably discovered even by those who dislike labor themselves—and that explains the secret of such increasing success at Geneva.

In addition to former collections, the private museum of Drs. Rogers and Francis, of New York, has been added. An extensive and choice variety of important specimens belonging to Dr. Carr, of Canandagua, has exceedingly enriched the advantages of this thrifty school of medicine.

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*Measles Epidemic in Montreal.*—The measles have been epidemic in this city to an unusual extent, during the last two months. There are very few families indeed in the city which have escaped the visitation. It

appears to have been attended in some instances with a striking peculiarity, —the same individual in a family having been attacked a second time, within the period of a few weeks, the disease going through its premonitory and eruptive stages with most marked regularity. This appears to us to be a rather anomalous feature in the history of this disease, and one which seems to us to be well worth recording. Irritation of the mucous membrane of the large intestines, amounting almost to dysentery, has been not unfrequently observed, while the ordinary sequelæ have been frequent. One hundred and thirty-seven deaths from it have been recorded during the month of December, and 37 during the last three weeks of November. This mortality appears to have principally occurred among the lower orders; and may, irrespective of the injurious influence of crowded rooms, want of ventilation, and a poor diet, be chiefly attributed to the baneful practice, which is common with this class, of exhibiting during the precursory stage, which is one of general constitutional irritation, if not excitement to say the least of it, hot stimulating drinks of a spirituous nature. It is a practice which cannot be too strongly reprobated. The cases which have fallen early under medical care, have, as a general rule, terminated very favorably. A few scattered cases of scarlatina and smallpox have been witnessed, but the chief cause of sickness has been the measles.—*British American Journal of Medical and Physical Science.*

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*Medical Miscellany.*—Dr. Kerr has been elected Mayor of Pittsburg, Penn.—The Commonwealth of Massachusetts paid, in 1845, for the support of paupers from Ireland and England, \$2,973.—Eruptive diseases are said to be exceedingly prevalent at the North the present winter.—The medical class at Lexington, Ky., is represented to be larger than that of last season: between 60 and 70 are candidates for medical graduation.—A second volume of Velpeau's surgery is nearly ready in New York.—Dr. Waters Smith goes out, in the U. S. Frigate Cumberland, Fleet Surgeon of the African Squadron, and Drs. R. J. Maxwell and W. S. Bishop, Assistant Surgeons.—The average number of sick at Corpus Christi, in the army, from bad weather, bad water, and exposure, has been about 300 out of 4000 men. Deaths, for nearly the same time, not far from 30, and as many more from accidents of the service, such as explosions and casualties.

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**MARRIED.**—At Kingston, N. H., Dr. Geo. W. Sanborn, of East Kingston, to Miss S. Badger.

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**DIED.**—At Palmer, Mass., Emery Thayer, M.D., 26.—At Fayetteville, Pa., Dr. R. M. French, P. M. of the place, killed by being thrown from a sleigh while on a professional visit.

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Number of deaths in Boston, for the week ending Jan. 31, 47.—Males 27, females 20. Stillborn, 2.—Of consumption, 5—smallpox, 4—croup, 2—old age, 1—hooping cough, 1—throat distemper, 2— inflammation of the lungs, 3—quinsy, 1—paralysis, 3—tumor, 1— inflammation of the brain, 1—ulcers, 1— inflammation of the bowels, 2—brain fever, 1—scarlet fever, 3—lung fever 3—cancer, 1—scald, 1— disease of the brain, 2—disease of the heart, 1—accidental, 1—child-bed, 1—cholera infantum, 1— marasmus, 1—infantile, 2—disease of the liver, 1—drowned, 1.  
Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 16—over 60 years, 6.



*Strychnia in Paralysis.*—An interesting case of paralysis occurred under our observation, a few months since, in which strychnia was given with apparent success; we say apparent, because we know how often the relief which ensues upon the use of a remedy is falsely attributed to the operation of the remedy. The subject of our case was a woman of color, about 55 years of age, whose health for the greater part of her life had been indifferent. For many years she suffered with dysmenorrhœa, attended with obstinate constipation, and the usual constitutional disturbance. About the middle of August, while in her ordinary health, except some lameness in her left leg which was thought to arise from a rheumatic affection, she was suddenly seized with paralysis of the left leg and arm, and, as she was standing on the side of a bed at the time adjusting the mosquito-bar, fell prostrate upon the floor. She was not insensible, however, and was even able to rise and sit on a chair; but, attempting to walk half an hour afterwards, she again fell, and experienced, then, a total loss of power in the leg and arm. She was bled, under the impression that the attack was of an apoplectic character, but we are inclined to think that she derived no benefit from the bleeding, although there was no evidence that it was injurious to her.

Cathartic medicines having been given for a few days, she was put upon strychnia, in doses of the sixteenth of a grain, three times daily, and this course was kept up until she had taken six grains. Before she had finished the first vial, containing three grains of the article, she began to recover the use of her arm, the improvement in it being very manifest from day to day. With the strychnia, during the last three weeks of her confinement, she took five grains of the precipitated carbonate of iron three times a day. At the end of six weeks she was able to walk about her room, and has been now for nearly two months about as active as she was before this attack. It is impossible to say that she was relieved by the strychnia, but the case is deemed one of sufficient interest to be placed on record. Certain it is, that it was a highly unpromising one, the age and previous health of the patient being considered.—*Western Journal of Medicine and Surgery.*

*The Brocchieri Styptic.*—Prof. Mott, of New York, in a late clinical lecture, thus alluded to this article, and its discoverer M. Brocchieri.

"I knew M. Brocchieri when I was in Paris; he is an uneducated man, and a perfect charlatan. When his discovery was made known in Paris, it created some stir; and I made several experiments with it, in connection with several other gentlemen, one of whom was engaged in the preparation of the water. The subjects of the experiments were strong and healthy sheep, upon whose carotids we operated, and we found that its power to stop hemorrhage was next to nothing, and where the bleeding was arrested it was principally from the pressure made by the large quantities of lint, with which the wound was filled. Therefore, I say, as the result of my experience, that the styptic powers of this preparation are not to be relied upon, for a moment: that it is infinitely less useful than an infusion of rhatany, or tannin, and that it can never take the place of needles and ligature.

The other qualities that have been ascribed to it, of curing disease, and arresting hæmoptysis, are equally non-existent.—*New York Medical and Surgical Reporter.*

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## REPORT ON DR. WEBBER'S ESSAY ON INSTINCT.\*

BY A COMMITTEE OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

THE Department of Medicine, to which was referred an essay, entitled "Remarks on Instinct, being an investigation of the view of it promulgated by Dr. Good," by Dr. Samuel Webber, of New Hampshire, beg leave to report:—

That the object of Dr. Webber in this essay appears to be a division of the various impulses affecting organized nature, from the simplest vegetation to the highest and loftiest conceptions of the human intellect, into three general classes. The first, which is properly the essential ingredient of purely vegetative life, he denominates "organic impulse, or the impulse of formation;" the second, which is the property of animals, "animal impulse, or instinct;" and the third, the attribute of man alone, "rational impulse, or the impulse of thought and intellect."

The Department entertains the opinion that instinct, so far from being confined to the animal kingdom, is distinctly and indelibly impressed alike on the lowest vegetable, and the highest intellectual, creation; that it does not exclude, by its presence, the impulses, be they received from what source they may, by which the nourishment and sustenance of the individual species, either of vegetative or animal life, is supplied, on the one hand, or the operations of the intellect on the other, but that all these may, nay, do exist, at the same time, in the same individual. It may be proper to remark, before entering into an inquiry of this subject, that even Dr. Webber himself admits the presence of *two or more of his classes* in the *same* individual, but considers them, *in general*, as furnishing the distinctive marks by which to characterize the different species.

In all organized bodies, whether vegetable or animal, the functions are executed with a view to the preservation of the individual and the species, after a fixed and constant law. This truth is so evident, that manifold examples are to be found each instant in every department of nature. The grain of seed, when planted in the ground, constantly sends its shoot upward to the surface of the earth, and plunges its roots still deeper into the soil, presents its foliage in greatest abundance to that quarter

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\* See page 429, Vol. XXXII. of this Journal.

from whence it receives most light, penetrates the fibres from its roots deepest into those parts of the earth best suited to its nourishment, and opens and closes its flowers to the sun and rain, according to its nature and circumstances. Nor does its wonders cease here. Some plants slumber during the day, others during the night; some are endowed with irritability, especially in their organs of re-production, and all bear testimony to the profound sagacity and wisdom by which they are made to coöperate with all nature in carrying out the grand design of the world's great Architect.

Nor are the prodigies less marvellous in the animal kingdom. The zoophytes and polypus discover and secure their nutriment with no eye to guide them, and these last are reproduced by mere dissection. What can exceed the beauty and variety of form of the sea coral reared by the tiniest insects, yet so well adapted to the purposes they were intended to subserve, that the clearest conceptions of their use must have been present to the minds of its framers.

In pursuing the inquiry still further, to beings more complicated in their structure, as fishes, reptiles, birds, and quadrupeds, we are still met by the same evidence of spontaneous industry, without observing any remarkable appearances of intellect or reason to govern them in their avocations.

From whence arises or in what consists this mysterious power, observable alike in the animal and the vegetable kingdom, the source of such actions as are peculiar to each of the infinite variety of species, all characterized by the same unceasing industry, the same perfectness and sagacity, and which fill the mind with mysterious amazement?

In imagining a power capable of solving this marvellous problem, it must not only account for a few of the phenomena exhibited, but extend its domain far and wide, to the most minute ramifications of the whole boundless works of creation, endowed with the least particle of life. Endowed with life, because in inorganic nature, or minerals, the principle of molecular attraction is sufficient to account for the phenomena observed in them.

But this power which presides over organic nature, must not only show how the silk worm spins his cocoon, and closes itself within, for the purpose of undergoing a transformation into another and more beautiful existence, but must show how this metamorphosis is brought about; how the chick develops itself in the egg, or the fœtus becomes organized in the mother's womb, and by what strange prodigy the organs, the eye, the ear, the members, the muscles, the nerves, the bloodvessels, and the tendons, are constructed, and join in such harmonious concert with the general whole. And to this power, thus directing and organizing, philosophers have given the name of *instinct*, or that interior stimulation or appetite, which leads to immediate and involuntary action.

It is instinct as thus defined; and that this is the true definition, is evident from the origin of the Latin word *instinctus*, from two Greek words which signify to prick within, which causes the plant when bent down by some mechanical obstruction to raise its branches upward, precisely in the original direction assigned it by nature, and predisposes the actions of



animals, even when deprived of the power of executing them. Deprive the bull of his horns, the cat of her claws, or the bee of its sting, exasperate them, and the same acts will follow as if they were possessed of these means of defence in the highest degree. A similar cause closes the larynx and glottis, when an offending body presents itself, or induces coughing if it finds ingress, excites the action of the Schneiderian membrane when snuff or other sternutatories are placed in contact with it, and exercises, to a greater or less extent, a direction over the *natural* passions and appetites. To instinct is attributable the power of the smallest insects, immediately after bursting the shell which confined them, without any guide to discover those plants precisely fitted for their nourishment, extract the nectar hid in the base of its flowers, and select those of the same species, with as much certainty as the botanist exercises in the collection of specimens for his cabinet. It enables animals to discover changes of temperature, the approach of storm, and many other phenomena, with far more unerring certainty than man. The evidences of the approach of storm manifested by the sea gull, the emigrations of birds at stated periods, and a thousand other examples, might be adduced in proof of these statements.

The science of medicine has frequently descended from her high position in the schools, to learn from animals the use and effects of some of her most valuable remedies. The purge and emetic were first indicated to the Egyptians, by witnessing the effects produced on the dog by the dog-grass, the use of the lancet by the hippopotamus, or sea horse, and the beneficial effects of ointments in cicatrizing ulcers by observing the use the dog made in such cases of his tongue.

That there exists a direction from within, exercising a controlling influence over organized bodies, is rendered more manifest if we commence our investigations before they have reached their full state of development. It is not the growth of the teeth, or the claws, or the horns, which inspires the animal with the faculty to make use of them. This is indicated in advance by a primitive instinct. Take, for example, the case of a young bull without horns: he paws the earth, and strikes his head in vain reliance on the powers, *not now*, but hereafter to be, developed. A secret instinct discovers to either sex the existence of a new species of happiness, a source of voluptuousness or love, as the case may be, long before the genital organs have acquired their perfection at the age of puberty.

The new born infant, when for the first time it regards the light of day into which it is ushered, if left free to the exercise of its own feeble faculties, with no maternal hand to guide it, seizes itself the breast, and by the movement of its lips causes the milk to flow; all the muscles of deglutition are brought into action, and join in perfect harmony, without being previously apprised. Young pups, which have their eyes closed at birth, find with great readiness the teats of the slut. At the period of dentition the infant carries not only its fingers, but whatever hard substance comes within its reach, to its mouth, and by the pressure it is enabled to make with these aids, very much facilitates the passage of the

teeth through the gums by which they are covered. In the selection of its food it appears to be no less under the dominion of instinct; rejecting alike all spirituous liquors and highly-seasoned food, it makes its repast of milk, or those sweet fruits, in which simple nature is not disguised by the labors of art.

How pleasing to contemplate, at this epoch of life, the actions guided solely by the inspirations of instinct. What infantile graces sparkle up from the new-beating heart, speaking a language of ingenuousness and affection, exposing equally the good and the bad, and ignorant alike of sordid passions and base designs, the invention of the human intellect.

The source of instinct is traceable to a sentiment which pervades, to a greater or less extent, all organized beings, the preservation of the individual and the species. It associates the acts in unison with the mechanism of the organs, operates spontaneously, follows nature for its guide, and gives such direction to the actions as would be ascribed to intelligence, were they not the result of natural disposition, growing out of a peculiar organization. It differs from acquired knowledge, in proceeding from within; whereas the latter is dependent on exterior circumstances for its development. Instinct operates on the desires and passions involuntarily, and naturally, and therefore perfectly. Acquired knowledge is slow in its attainment, requires an effort of the will to produce action, is imperfect when produced, and absorbs by its attainment this natural faculty. Therefore it is never more fully developed than in those insects whose life is confined to the narrow limits of a few weeks, and consequently have neither time nor means to acquire this fugitive knowledge, but possess a being already complete and illuminated in advance, fitted to accomplish the destiny intended for them by nature.

The case is different with the larger animals, who live a longer time and whose organs are more fully developed. Many of these, particularly if placed under the dominion of man, as the elephant, the horse, or the dog, appear to be capable of perceiving and comprehending, and possess an intelligence susceptible of cultivation to a great extent. The history of animals furnishes numerous evidences in attestation of this fact.

The attachment and fidelity of the dog to his master are well known. How many have rescued their master from the hands of robbers by their zeal and perseverance. How often have they pursued with unremitting industry his murderers, and at last been the means of bringing them to a merited punishment; and how frequently, on the death of a favorite master, has this noble animal planted himself over his grave, making his mournful lamentations to the passing blast, refusing all nourishment, and finally perishing of hunger and cold.

In man, especially in a state of civilization, whose brain is more remarkable in its structure, whose functions are less limited, who is able to vary his occupations according to circumstances; and is endowed with reason so perfect, and knowledge so extensive, instinct becomes almost totally obscured. But it by no means follows that because instinct is thus dimmed by intellectual qualities, or adventitious and exterior circumstances, it does not exist in man. Such a supposition would argue a want of knowledge

of the moral nature of man, and a neglect of those deep impulses in the soul, whose hidden cords vibrate in unison with our emotions.

Evidence has already been furnished that man, in his infancy, is under the dominion of instinct, by an observation of the acts likely to follow the promptings of nature. All the passions, whether good or bad, are to a greater or less extent under the domain of instinct; anger, fear, hope, love or hatred, are primarily traceable to this cause, but as the intellect becomes developed they are brought into more immediate subjection to the will; but because the motive for restraining these passions predominates in man, it does not on that account invalidate the position that they are the product of other causes, and derived from another source. Now although the genital organs do not receive their nerves from the brain, and are therefore independent of the will, yet it must be admitted that the influence of the imagination, in the approach of the sexes, sollicit these impulses of instinct to the performance of their natural acts. The voice of instinct is made manifest in the tenderness with which the mother approaches her infant. The mamma becomes elevated, the nipple projects, the milk flows, and it seems almost as if one life animated the breasts of the parent and the child.

While man has been allowed to direct his own natural propensities and abuse those gifts placed within his power, nature has wisely confided to instinct the most important acts of the animal economy. Man may be tyrannical in his dominion, insatiable in his avidity, but he will never be able to prevent the incursions of disease, the torments of pain, or the fear of death.

The Department has thus laid before the Institute, in as concise a manner as possible, its opinions concerning instinct. It has proved by the eduction of indisputable evidence the existence of this power in all organized bodies—here moving, directing, governing; there, suppressed by more conspicuous qualities, pursuing not less certainly or surely its progress. As, however, the subject is one of great importance, and as the peculiar views of Dr. Webber are ingeniously advanced, it would recommend the publication of his essay in conjunction with this report.

#### A NEW CAUSE OF DELIRIUM TREMENS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following somewhat singular case fell under my observation during the past month, and I communicate it, in order to call the attention of the medical profession to another possible if not probable cause of a well-known disease originating in the artificial and unnecessary habits of society. That *delirium tremens* may arise from other exciting causes than the abuse of alcohol or opium, I have not the least doubt, as the sudden withdrawal of any accustomed stimulus must necessarily be followed by more or less derangement of the function of innervation, and the extent of this derangement will be proportioned to the excitement hitherto produced by the habitual stimulus.



A lady, aged about 65 years, of slender habit and great nervous impressibility, and who had during the last twenty-five years been constantly in the habit of smoking tobacco with great regularity, was suddenly attacked with pleuritis. Owing to the feebleness of her health previous to her coming down, the smallness and frequency of her pulse during the early stage of the disease, I was induced to withhold the lancet, and depend upon tart. ant. as an arterial sedative, or perhaps *contra stimulant*, in the treatment of the case. It was given at first in half grain, and afterwards in grain doses, every four hours, and restrained from running off by the bowels, and directed to the surface, by the addition of from five to eight drops of *tinct. opii* to each dose. This treatment, aided by an epispastic over the seat of the disease, subdued the pain and fever in about three days, at which time delirium supervened, attended with paroxysms of profuse perspiration. She was now constantly reaching after illusory objects: the room was full of flies; the bed clothes were covered with soot; human heads were constantly (as she expressed it) "bobbing" at her; children were constantly about and on her bed, and yet she knew all who approached her; and when any of her family remained absent from her sight longer than usual, she inquired for them. At the end of about four days from the commencement of the delirium, she had gained so much of muscular strength as to sit up, and even began to walk about the house, yet without any abatement of her hallucination. Pale, haggard, agitated and care-worn, she now expressed horrors at which the mind of observers shuddered. This state continued about three days more, when at the end of just a week from the commencement of the delirium, after taking eighty drops of *tinct. opii*, she fell asleep (the first time for a week), and the next morning awoke rational, retaining in her memory but few traces of the shadowy visions of the week. Her appetite was nothing during the whole of her disease, and her bowels were more active than usual during the time she took the antimony, but the remainder of the time they required laxatives to move them. During the first four days of the delirium she took twelve drops of a solution of *sulph. morphine* (eight grains to an ounce of water) every four hours; it was then discontinued, and another anodyne given till the evening which commenced the eighth day.

Whatever may have been the influence of tobacco in this case, or whether a sudden arrest of its long-accustomed use by a disease whose effects must necessarily be weakening to the system, was the exciting cause of the train of symptoms which followed, it certainly presented most of the phenomena peculiar to delirium tremens, if we except the tremors. This symptom, though not entirely absent, was only exhibited when the patient was more than usually agitated, and when a cold clammy perspiration bedewed the head and extremities. These paroxysms occurred mostly during the night, and were of short duration.

*Buskirk's Bridge, N. Y., Feb. 2, 1846.*

S. A. Cook.

## DR. WOODWARD'S EXPERIENCE OF NUX VOMICA.

[DR. WOODWARD, of Worcester, gives the following additional particulars of his success in the use of strychnine.]

MR. EDITOR,—Some time ago I gave you a brief account of a case of palsy of the bladder, successfully treated with the tincture of the alcoholic extract of nux vomica. The cure was permanent in that case; the disease did not return.

Quite recently I have treated four cases of general palsy, in which there was little or no control over the discharge of urine, all wetting their clothes in the day-time and their beds at night. All of them were affected to that degree as to be able to walk with difficulty, and one was almost constantly confined to the bed. The medicine given was the following: R. Alcoholic extract of nux vomica, ʒ ss.; rectified spirits of wine, ʒ ij. M. The dose given was from 20 to 30 drops, three times a day.

Within two days there was a manifest difference in the power of retaining the urine. In the two worst cases there was great relief, but the cure was not complete; the urine was occasionally discharged at night, but not frequently.

In the other two cases the effect of the remedy has been entirely successful; there has been no wetting of the clothes or bed since, now nearly three months, and the general health has greatly improved.

Of the first two cases, one was entirely blind, and finally so deaf as not to hear at all; the palsy increased till a complete apoplexy terminated in death. The other is very insane and violent, breaking and tearing everything that comes in his way. The palsy is no better, but the state of the bladder much improved.

## ON THE USE OF WARM WATER AND THE BANDAGE IN THE TREATMENT OF FRACTURES AND OTHER INJURIES.

By John T. Lewis, M.D., of Lexington, Ky.

G. S. HAD his foot crushed by the wheel of a heavy passenger car, in attempting to get on a train of cars under way. A medical gentleman, who was present, applied such dressing as could be obtained; and he was brought to town in a short time after the accident occurred.

The appearance of the shoe, which was on the foot at the time the injury was sustained, together with representations made of its character and extent, by those who witnessed the occurrence, induced me to defer a minute examination until the following morning, intending to avail myself of Professor Dudley's skill and experience, before any decisive course of treatment was adopted. He was accordingly invited to visit the young man, and after such an examination as the mangled condition of the foot would bear, remarked, that "it was worth an effort to save it." I was more disposed to concur with him, from an apprehension that amputation would fail, than from any well-grounded hope that the course advised would be successful. From the toes to the instep, was a gaping

wound, the foot having burst from pressure. To what extent the bones were injured, it was not possible to learn with certainty, but there was every reason to suppose, that most if not all the metatarsal bones were fractured—some, perhaps, crushed in many pieces. The weather was excessively hot (July), and the young man had been indisposed and feverish, for some days. A more unpromising prospect could not well be presented.

A bandage was applied from the toes to the knee, so as to afford a comfortable support to the part, lessen the force of the arterial circulation, and prevent muscular contraction. The dressings were ordered to be kept wet with warm whiskey and water, and a brisk mercurial cathartic administered. Every effort was made to prolong the intervals between dressings, but without avail. The little toe came away in the dressings on the third day; the pain was increased rather than diminished, and, with all, our nurses were exhausted by watching, and the labor of pouring water, &c., on the foot, which alone gave any relief. Well-marked red lines were seen running from the foot to the knee, and the surface of the injured part extensively vesicated, indicating, but too plainly, that mortification must soon, if not arrested, destroy the patient.

Hot whiskey, with a weak ley, was substituted for the water and whiskey, and the following labor-saving expedient adopted, with the hope of preserving the vitality of such parts as were not already dead. A large tin vessel was ordered, having a tube one inch in diameter, and three feet in length, inserted in the side and near the bottom, with a lateral angle near the extremity, corresponding with the angle of the foot on the leg. The end of the tube was closed, and the underside pierced with small holes to allow the fluid to escape slowly on the limb. A plank of the proper width, and of sufficient length to extend from the knee beyond the heel, was procured; and deep grooves cut in it near the edges, to prevent the fluid from escaping on the bed. To protect the limb, it was cushioned and covered with soft oil-cloth. The extremity of the plank projected beyond the foot of the bed (for which purpose the foot piece was removed), and a vessel placed under it to receive the water. We had only now to place the limb on it, with a gentle inclination from the knee to the foot, and elevate the tin vessel so that the tube would project directly over the foot and as much of the leg as we desired. One nurse was enabled, with ease, to do more than three had done before. The bucket was filled, and the water passed on the limb, and down the inclined plane, to the vessel at the foot of the bed. Everything was kept comfortable and clean, and, what was more desirable, all pain ceased, except when the application of warm water was necessarily suspended to remove the dressing. The water was thus continually and gently running on the part injured, for twenty-seven days; and the dressing (bandage) re-applied as often as circumstances seemed to require. In a few days after the above plan was adopted, the soft parts sloughed away, leaving little else from the instep to the toes, and also on the bottom from the heel to the toes, but crushed and displaced bones, tendons, bloodvessels, &c. It became necessary to allow a generous diet, and a



pint of porter daily, to sustain the system under the excessive purulent drain to which it was subjected for some weeks together.

So perfect was the recovery in this case, that the young man walked six miles in about three months after the accident occurred, with no other inconvenience but a slight ulceration, and the discharge of some small pieces or spiculæ of bone. On a subsequent occasion, he injured the foot pretty seriously, but it was soon cured by a bandage, and his necessary confinement to bed by a pistol-shot in the leg. The foot is nearly sound, and half an inch longer than its fellow. The irregular and promiscuous manner in which the bones are united, is still manifest, and indicates, to some extent, the amount of injury sustained. The deformity alluded to, and a slight halt in the gait, are the only unpleasant remains of the formidable injury.

Mr. D. had both bones of his legs fractured by springing from a buggy, when his horse was running off: the tibia very obliquely, involving the capsular ligament of the ankle joint; and the fibula at two points, three inches apart. The weight and impetus of the body, had forced the sharp extremity of the large bone down to the bottom of the foot, leaving the point covered only with the indurated skin; and the soft parts were otherwise much bruised and lacerated by the jagged extremities of the broken bones. But for the support and protection afforded by the leg of a strong boot, they must have been driven into the ground.

In this case, as well as in the preceding one, the bandage was indispensable; but there were important indications which it could not fill. I was anxious to lessen, as far as practicable, the sufferings of my patient; and to avoid the distressing restraint to which all patients are more or less subjected, under any system of treatment, with which I was acquainted; and also to avail myself of the delightful and soothing effects of warm water, upon which I depend, mainly, to control or prevent inflammation.

A box was constructed of light materials, as follows:—The bottom was made of inch plank, and, as near as possible, the length of the limb, from the heel to the ham or popliteal space; the side of thinner material, and projecting at both ends, six or eight inches. It was of sufficient depth to protect the limb, and admit of a cushion at the bottom, well adapted to its form; so that the pressure was equal at all points. To protect the cushion from water, an oil-cloth was laid in the box or trough, and upon it the limb rested. Extension and counter-extension, if necessary, were readily effected by strips of muslin or strong tape attached to a bandage, which embraced the leg immediately below the knee, and attached to the ends of the projecting side-pieces, above, and a handkerchief, or broad strip of muslin, from the foot to a pin in the projections below. The leg was confined in the box by strips which passed directly over it, and through incisions made in the sides for that purpose. To prevent lateral motion, particularly at night, cotton wadding or wool was inserted between the sides of the box and the oil-cloth; thus pressing gently, and without danger of irritation, on either side. By this simple expedient, the following advantages were afforded. The patient could lay on either side, or his back, with equal ease and convenience; he was

enabled to get up and down, by the assistance of a small boy, or sit on a chair without pain or hazard of deformity. Warm water could be poured on the limb *ad libitum*, by projecting the end of the box over the bed, and placing a vessel under it. I have adopted the foregoing plan of treatment in all cases of fracture below the knee. My patients are free from pain, and rest well, and in every instance have been cured without deformity; and last, though not the least important, it is scarcely possible for inflammation to take place, or exist for any length of time, if warm water is steadily applied to the parts injured. It is not my intention to set up any claims to originality. It is a combination of that which is valuable, selected from the opinions and practice of our eminent American and French surgeons; and certainly possesses advantages over all others, particularly in cases of extensive injury, and threatened inflammation. With a well-applied bandage, aided by the constant application of fluids, remedies so strongly advocated by Professor Dudley, amputation will rarely become necessary.—*Western Lancet*.

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#### AMPUTATION OF THE TOES.

AMPUTATIONS of the foot are very similar to those of the corresponding joints in the upper extremities. I shall show you one or two of the amputations performed on the toes; and first and principally, amputation of the great toe. This is an operation of some magnitude. I scarcely need detain you by again pointing out the mode of taking off the phalanges. You will occasionally be called upon to remove the last phalanx, more particularly of the great toe, on account of bony growths. Sir Astley Cooper mentions having seen a case or two of this affection, and Dupuytren has also mentioned it; but their opportunities of seeing this disease have not been so great, perhaps, as those I have enjoyed. The disease is very common among the lower orders in the northern part of this island, where I once enjoyed a tolerably extensive practice. The people go about without shoes, and are consequently liable to bring their toes into forcible contact with stones and other hard substances. I brought with me, when I came here, nearly a dozen preparations of the disease, and you will find scarcely one in any other collection in town. The tumor forms inside the great toe, and raises up the nail. It is smooth where it is covered by integument, and sometimes attains a very large size, as large as the phalanx from which it springs. It is now and then met with in the smaller toes, but I have not seen above one or two instances of it in them. It is an exceedingly painful affection, and has often been mistaken for an aggravated corn: but it is easily distinguished from this or any other affection. It is a hard swelling by the side of the toe, pushing the nail upwards and backwards, and prevents the patient walking conveniently with shoes. It has been proposed to get rid of it by exposing its root, and cutting the tumor off: but if you do not take away some portion of the adjacent bone with it, the probability is, that it will be speedily reproduced. The operation is a very painful one,

and does not always prove successful. The best plan is to take off the last phalanx, tumor and all. This you do in the way I pointed out in the corresponding joint of the thumb and fingers.

Now and then you find disease of the middle phalanx of the great toe, and you may be under the necessity of amputating at the articulation between the metatarsal bone and the phalanx. Here very great care must be taken to leave a sufficiently long flap. The sesamoid bones will sometimes throw you out a little in this operation. You cut the soft parts in the way I now do, and you observe that there are sufficient flaps to cover the extremities of the bone.

The small toes require to be removed at the articulation; and this is done exactly in the same way as the amputation of the fingers. Amputation at the articulation between the metatarsal bone and the phalanx is more difficult than the removal of the finger at the corresponding joint, because the joint is more deeply seated in the foot than in the hand. You carry the incision over the joint, and bring the knife down betwixt the toes, carrying it well into the foot. This enables you to see the joint. You perform the disarticulation, the division of the tendons and ligaments, in the same way as in the finger, with the point of the knife. Having detached completely the head of the bone, you insert the blade of the knife, and complete the separation of the member. Tying of the contiguous toes together, and light dressing, are all that is required.

But amputations of the great toe require some further notice. They may be performed in various places. The great toe is frequently the seat of serious affections. The disease may take place in the phalanges, or in the articulation betwixt them, or in the articulation between the metatarsal bone and the phalanges. The metatarsal bone may be in a carious state, or there may be extensive necrosis, or there may be disease in its proximate articulation between it and the internal cuneiform bone: of all these affections you have specimens before you. If the cuneiform bone be extensively diseased, the incision must go beyond it, of course, so as to admit of its easy removal. When there is disease in the joint betwixt the proximal phalanx and the metatarsal bone, you take off the head of this bone only; when the shaft is diseased, you remove the bone at its junction with the internal cuneiform bone. You may be under the necessity of going higher up, as I have told you, and removing the internal cuneiform bone also. This you must have seen done more than once in the Hospital. In all these cases you make the same sort of incision. You make but one flap, and go further back, according to the quantity of bone you have taken away. I shall make the incision as for the removal of any part of the bone. You carry the knife well to the fibular side of the bone, both in the plantar and the dorsal aspect of the foot. Here is the sort of flap you make. Suppose you divide the bone here; you then pass the knife betwixt the two toes in this way, carrying it well round, and completely denuding the bone; then you are prepared either to apply the saw to the bone, or a good strong pair of bone nippers, and cut it through.

If you want to take away more of the toe, you have only to extend



the incision a little higher up, make your flap, and cutting into the joint, at once take out the bone. If it be necessary to amputate at the articulation, between the internal cuneiform bone and the navicular, that may be very readily and effectually done by the same division of the soft parts. You get at the bone far better than you can by any other incision recommended. Having taken the bone out, you lay the flap neatly down. It is, you will find, by far the best mode of proceeding: I do not know what surgeons do at other hospitals, but this is the mode we practise here.—*Liston's Lectures, in London Lancet.*

#### A LARGE CALCULUS ENCRUSTED UPON A HAIR-PIN.

MARGARET L——, aged 26 years, was admitted into the Salford Workhouse, on the 12th of August, 1845, in the last month of her pregnancy of an illegitimate child. For several weeks she suffered from pain in the sides and back. From September 10th to 14th, she complained of constant pain in the urethra, difficult micturition, a feeling of tension and bearing down, as from the passage of a hard body of considerable size. On the 14th, after much painful straining and bearing down when voiding her urine, she parted with a calculus without any manual interference. Its weight was four drachms, two scruples and four grains; its length, two inches and a quarter; breadth, one inch and a half; and thickness, five eighths of an inch. It was of a flattened oblong figure. Its nucleus was a common hair-pin, the points of which, as well as the convex extremity, were equally evident to the sight. Its probable composition consists of phosphate of lime and the triple phosphate of magnesia and ammonia. She had no pain afterwards, expressed herself greatly relieved, and was as well as women usually are towards the close of gestation. On the 21st (one week after) she gave birth to a full-grown child, after an easy natural labor, from which she quickly recovered. Upon tracing the history of this case, we find from the evidence of three persons then present, that the pin was really swallowed on June 6th, 1843. The woman was straightening her hair with the hair-pin between her teeth, when one of her companions pulled her hair behind, causing her to laugh, and throw her head back, when the pin slipped down the œsophagus. During the first twelve months she felt little inconvenience, with the exception of slight pain in the bowels, attended with constipation. On the 26th April, 1845, she was admitted as home-patient of the Charlton Dispensary, under the care of the house-surgeon. She remained under this institution five weeks, during which time she complained of continued acute pain in the left inguinal region, of incontinence and increased flow of urine, a profuse purulent discharge from the urethra, scalding and obstinate constipation, attended with frequent discharges of blood with the fæces. At the recommendation of the house-surgeon, as her case was considered more proper for the Manchester Infirmary, she gained admission into that institution. There she remained two months, suffering from the same symptoms, only the urine was much increased in quantity, but gave no

evidence, upon being tested, of saccharine matter. She frequently parted with six quarts of urine during the night, and generally seven quarts in the twenty-four hours; complained of pricking pain in the left groin, increased on bending the body forward and on sitting down, but never perfectly free from it excepting when in the recumbent position. She was much relieved while in the Infirmary, but as her confinement was evidently near approaching, was obliged to leave and gain admission into the Salford Workhouse to lie in. This patient never once mentioned to any of her medical advisers the circumstance of having swallowed the hair-pin, lest (according to her statement) she should be compelled to undergo an operation for its removal. As she was pregnant and unmarried, Mr. Brownbill suspected she might have introduced the pin into the vagina for the purpose of procuring abortion; but from the nature of the evidence, he is now fully convinced of the contrary. Being interested in her case, he referred to the medical gentlemen who had the treatment of her, and from them gleaned the above statements. Since her confinement he has made an examination per vaginam, but without discovering any alteration of structure that would indicate its course into the bladder. She still complains of pain upon pressure at the lower and left side of the abdomen and groin. From the symptoms above related, he thinks it most probable that the pin passed from the sigmoid flexure of the colon into the left side of the bladder.—MR. BROWNBILL, in *Lon. Med. Gaz.*

In this singular case there is probably little doubt that the patient swallowed a hair-pin, but very great doubt of its identity with that found in the bladder.

## ON THE TREATMENT OF BRONCHITIS IN INFANTS.

By C. M. Miller, Esq., Surgeon, London.

EVERY medical man can, I have no doubt, bear ample testimony to the numerous cases of infantile bronchitis which occur at this season of the year, and I think it will require no apology on my part for offering to my medical brethren a plan of treatment which I have found unusually successful. I may premise, that I have been led to make these remarks in consequence of the danger I have frequently seen arise from the application of blistering plasters to very young children in this disease. On more than one occasion have I been called to children suffering from severe sloughing from this cause, and on one occasion, I remember, loss of life was the result. Now I am perhaps very bold in asserting that I think blistering is rarely required in the bronchitis of infancy, and if it should be, then I think I shall be able to point out a safe plan of proceeding. I will now give my plan of treatment, and it shall be for a child eighteen months old; if the bronchitic affection is very severe, a warm bath, and of calomel one grain, powder of ipecacuanha two grains, with a little compound tragacanth powder, every four hours; if less severe, three times a day, and lengthen the time as the patient improves. Many will

say this will act as an emetic ; it does for the first or second dose, but not afterwards. If the disease does not yield a little on the first day, I generally apply one, or at the most two, leeches to the hollow of the neck above the sternum. Out of some dozens of cases which I have this year treated on this plan, I have not lost one, nor have I had occasion to apply any escharotic in a single instance ; and although I am now limiting myself to the last twelvemonth, yet my success has been nearly equal for some years past. Nothing is to be feared from the effects of the calomel, unless profuse diarrhœa should supervene, and then, of course, it must be remitted ; but I have rarely seen this until the virulence of the disease had been subdued.—Now, then, for my plan of blistering. I believe I am not the only one who has seen the ill effects of a blister on an infant, and many, I dare say, have said they never would apply a blistering plaster again to a child. I say to such, you may do it, and with safety too, if you will place between the blistering plaster and the child's skin a piece of tissue paper ; the blister will do its duty well, and you will have nothing to annoy you ; or if you still feel timid of trying this, dip a piece of blotting paper, the size you require, into acetum cantharidis, and applying it to the part, in ten or fifteen minutes you will have a safe blister raised. This I have found an admirable plan where the effect is required quickly ; indeed, I remember one case of croup where the vital powers were failing, in which it had a very good effect.—*Lond. Lancet.*

#### PRESENTATION OF THE PLACENTA.

By Edward Augustus Cory, M.D.

As the important controversy on the proper management of "placental presentation" renders every atom of information relative to that subject in the highest degree interesting, I shall not apologize for communicating a case which came under my notice several years since, and of which I have preserved an accurate account. My attendance was requested on a woman 33 years of age, a patient of one of the obstetric charities with which I have the honor to be associated, who was reported to have suffered the pains of parturition for some hours. On having recourse to the usual vaginal examination, a substance possessing the characteristic peculiarities of the placenta was discovered occupying the vagina, being at the same time entirely extra-uterine. I could hardly imagine it to be the placental mass, as there was scarcely any attendant hemorrhage. A more particular examination, however, soon satisfied me as to its reality ; and that, moreover, there existed an arm presentation. The liquor amnii had been discharged, and the os uteri was fully dilated. The operation of version was immediately attempted to be performed, but so firmly was the fœtal body embraced by the uterus, that it would have been impossible to have effected it without risking the infliction of severe injury upon that organ. It was evident that in this critical state of affairs, the woman ought to be delivered as soon as it could be accomplished with safety, as it was considered that the absence of hæmorrhage was attributable to the



unusual contractile power exerted by the uterus; and that any sudden or gradual diminution of its contractility, although it might facilitate the operation of turning, yet would, in all probability, give rise to a copious hæmorrhage, highly dangerous to the life of the patient; and as the want of pulsation in the umbilical cord demonstrated that the fœtus no longer possessed vitality, it was determined to eviscerate the chest and abdomen, as proposed by Dr. Douglas, of Dublin. The operation was accordingly commenced, and, after the necessary interval, the delivery was completed; the placenta, of course, having previously been entirely removed from the vagina. On the third day after delivery, some symptoms of uterine inflammation were experienced, which yielded to venesection, leeching, fomentations, with the free exhibition of calomel, opium, and tartarized antimony, &c. On the expiration of seven or eight days, all dangerous symptoms had disappeared. She perfectly recovered. The placenta was of the natural size, and there was no more hæmorrhage than in an ordinary parturition.—*Ibid.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 11, 1846.

*Studies in Medical Geology.*—A note was received from M. Boudin, M.D., Chief Physician of the Military Hospital of Versailles, some weeks since, and alluded to in the Journal, which made particular reference to a publication that should have accompanied the letter. Without it, the object of the author, as expressed in a paragraph of the letter, could not be promoted. That publication, being a treatise by Dr. Boudin, bearing the following title, has just arrived, after an unnecessary detention somewhere, of well nigh two months—"Études de Géologie Médicale sur la Phthisie Pulmonaire et la Fièvre Typhoïde, dans leurs rapports avec les localités marécageuses." Having now a clear coast, we shall present, at a convenient opportunity, an analysis of Dr. Boudin's *Studies in Medical Geology*, with the hope of extending the views of a profound inquirer into the laws of disease, who is but little known in the United States. Both R. K. Haight, of New York, and Mr. Gliddon, the well-known Egyptian archæologist, will please accept our thanks for the interest they have taken in furnishing us with the medico-literary productions of Dr. Boudin.

The following is a translation of the letter alluded to, addressed to the editor, and also the plan of a circular to American physicians, to which we would respectfully call their attention.

Paris, 12 November, 1845.

SIR AND HONORED COLLEAGUE,—According to an invitation from Mess. Haight and Gliddon, I take the liberty of having recourse to your kindness in the elucidation of a great question in general pathology and therapeutics, at present the object of interest in Europe, and upon which the

American physicians could, I doubt not, spread much light. If you should do me the honor to accept of my proposition, I would beg you to have the kindness to call, by means of your excellent Journal, the attention of physicians in the United States to the scientific questions to which it relates, and which you will find drawn out more in detail in the pamphlet which I pray you to accept with my respects.

It depends on you, sir, to elucidate the problem by exciting to the investigation of it the American practitioners, and by thus rendering a great service to science you will acquire new claims to the thanks of the human race (humanity).

Accept, Sir, I beg of you, with the anticipated expressions of my thanks, the assurance of my high respect. (Signed) BOUDIN,

*Chief Physician of the Military Hospital at Versailles.*

*Plan of a Circular addressed to the Physicians of the U. S. of America.*

1st. Is there any connection between the relative frequency or rarity of pulmonary phthisis and of typhoid fever, in those localities where the organism is subjected in a high degree to morbid influences?

2d. In case an affirmative answer is made to this first question, give a tabular result. (?)

3d. Has it been observed that those affected with phthisis, when they remove to these localities, experience any amelioration or even cure?

4th. How has the case been determined to be one of phthisis, and what means have been employed to decide on the amelioration of the health?

5th. When a locality is converted into a swamp or becomes dry, does phthisis or typhoid fever develop itself in greater proportion?

6th. Is it true that the Negro race is but little liable to take the marsh fever, and that, on the contrary, it is predisposed, 1st, to pulmonary phthisis, and 2d, to the typhus or typhoid fever.

\* With respect to the question of antagonism, what are the tendencies and immunities of the Indian race?

7th. To answer as far as possible these (latter?) questions by precise facts, and to base all argument on statistical documents. BOUDIN.

*Duties of Medical Students—Dr. A. H. Brown's Address.*—There are so many good things reaching us, from day to day, illustrative of an increased attention to medical literature in our country, that we feel proud of our professional brethren, and anticipate the best results from their efforts. A society, it appears, exists in the Willoughby Medical College, Ohio, called the Rush Medical Society, before which Abner H. Brown, M.D., the Professor of Chemistry, delivered an address on the 27th of December. We cannot gather from the printed discourse, either the objects or pursuits of the Society; but it is very evident they are both of a high order, or Dr. Brown would never have condescended to write the pamphlet which has afforded much gratification in Boston, as well as in Willoughby University. He has a bold, independent spirit, and is not afraid to tell men what they are morally bound to do in all the relations of life. To lay down the law to students, and those medical ones, too, who are proverbially under little restraint, was an undertaking of no ordinary character. For his energy, and for the truths he impressed upon

the minds of his young audience, we honor him. It was no less creditable to the Society to listen to a statement of their duties. To learn to obey well, is one of the first rounds in the ladder that leads to distinction.

*Ohio Lunatic Asylum.*—The seventh annual report of the state of this institution, addressed to the Legislature, in November, has been lying in the order of notice some weeks; but this is the first opportunity that has presented for showing the respect which is due to a document like this. While passing a stupid day in Columbus, two years since, we should have examined the institution for the insane of Ohio, had any one suggested a feasible method of introducing a stranger. The external appearances of the establishment were well calculated to impress one favorably. A succession of able reports leaves no doubt of the character within. Preceding the physician's report, is a short one from the directors, expressive of their view of the medical administration, the cost of certain additional accommodations, the number of insane in the State—presumed to be twelve hundred—and a declaration that the "*great object of the institution is to effect cures.*" Another assistant physician is required, and something is asked in the way of more apartments.

Dr. Awl, following his accustomed course of statistical detail, is as minute as the most exacting committee of the General Court could in conscience demand. The number of patients, &c., has already been copied into the Journal. Their entire support cost \$17,088 33. The report, as a whole, indicates a faithful officer, a careful watchman over the health and happiness of those confided to his management, and a medical philosopher of enlarged views, fitted by high moral qualities for sustaining the reputation of the Ohio Asylum with undiminished reputation.

In the Treasurer's account, the salary of Dr. Awl is figured at \$1000 per annum. How men of eminent qualifications can be procured, or rather persuaded, to drudge on through life for a sum that will no more than pay school bills for their children, and back the tailor's accounts, is to us unaccountable. The salary to superintendents of lunatic asylums should be liberal; and then, when overtaken with grey hairs, and enfeebled bodies, without the physical ability to cope with the ups and downs of every-day practice, they would have something to fall back upon. It is abominable for legislatures to demand high moral, social, literary and scientific qualifications of the medical superintendents of such institutions, and yet pay them less than a grocer's clerk gets by the year for weighing out soap and candles.

*Medical Lawyers in Liberia.*—A spirited writer in one of the late Nos. of the African Repository, who gives his own personal observations upon the country, manners, habits and character of the society of Liberia, thus proceeds, in speaking of Monrovia.

"While in the village, I visited the court-house, to hear the trial of a cause involving eight hundred dollars. Governor Roberts acted as judge, and displayed a great deal of dignity in presiding, and much wisdom and good sense in his decision. This is the highest court of the colony. There are no regularly educated lawyers in Liberia, devoting themselves exclusively to the profession; but the pleading seems to be done princi-



pally by the medical faculty. Two doctors were of counsel in the case alluded to, and talked of Coke, Blackstone and Kent, as learnedly as if it had been the business of their lives to unravel legal mysteries. The pleadings were simple, and the arguments brief, for the judge kept them strictly to the point. An action for slander was afterwards tried, in which damages were laid at one hundred dollars. One of the medico-juris-counsels opened the cause with an appeal to the feelings, and wrought his own sensibilities to such a pitch as to declare, that, though his client asked only for one hundred dollars, he considered the jury bound in conscience to give him two. The doctor afterwards told me that he had walked eighty miles to act as counsel in this court. A tailor argued stoutly for the defendant, but with little success; his client was fined twenty dollars.

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*Fictitious Catalogues of Medical Students.*—A correspondent in one of our large cities, calls our attention to a new subject, by saying that the profession is not aware, perhaps, "that certain medical schools in the United States are in the habit of issuing, annually, a list, or catalogue, of students, far exceeding the *real number* of their matriculants or attendants. This is done for the purpose, no doubt, of swelling the importance of their institutions abroad, or in distant places, and with the view of attracting additional students the next year to their benches, under the idea that most young men like to congregate. Besides the fictitious names thus introduced into catalogues, the professors, or their agents," the writer says he is informed, "invite the apprentices of shoemakers, tailors, carpenters, and apothecaries, to attend their lectures, and add *these*, also, with some change of surname, &c., to their list of regular attendants. The whole of this fraudulent system is not only derogatory to those concerned in it, but injurious to the profession; inasmuch as it induces medical men in remote places, unaware of the imposition, to get up other medical schools, under the persuasion that they also can form classes with the same facility that Drs. A, B and C have done in Philadelphia, New York, Baltimore and Boston." The same gentleman says, further, that we shall "confer a favor upon many respectable physicians, by calling the attention of the profession to this subject at the present moment," and assures us that he "will undertake to prove his assertions a few weeks hence, by sending us the catalogues of such institutions as practise this foul iniquity, and by reviewing them and furnishing the names of their decoy ducks, with extended and suitable comments upon such transactions."

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*Smallpox Interrogatories.*—"1st. A, being unprotected, is exposed to *smallpox*, and, no other condition being present, is to have it in ten or fourteen days. Four days after the exposure, he is vaccinated. The virus, to use a common phrase, *takes*. At the usual period, if the virus be taken from A's arm and inserted into the arm of a child previously unprotected, will the child be liable to have *smallpox*? 2d. Can the virus, taken under the circumstances above mentioned, be capable of inducing the vaccine disease; and at a later period, if used again in another person, can the vaccine virtues be so far dissipated as not to produce the vaccine disease, but induce *smallpox*? 3d. Ought the vaccine virus to be taken from the arm of a child who is in a location where *smallpox* prevails?"

These questions, by a correspondent, are open to the profession to answer. Having recently expressed our own views respecting some disputed points on the subject of vaccination, we prefer in this instance to have a wider range of opinions.

*Journal of Health.*—Dr. Cornell's second No. of the Journal of Health and Monthly Miscellany was published on the first of February. Here is a catalogue of the articles—a want of room forbidding the introduction of a more extended notice of the editor's labors. "Our Journal—its Enlargement, &c.—Remarks on Consumption—'My Own Times, or 'tis Fifty Years Since.' By Dr. Walter Channing. (Continued)—The Beard—The Sanguinaria Canadensis, or Common Bloodroot—On the Treatment of Warts and Corns—Physicians' Prescriptions in Latin—Smallpox and Vaccination—Poetry—New Publications, &c.—Notices, &c."

*Massachusetts State Prison.*—From Dr. J. W. Bemis's Annual Report, which we can only thus briefly notice this week, we learn that the whole number of patients admitted to the hospital during the last year was 62; number of days spent in the hospital, 1939; number of days labor excused, 284; number of days light labor, 559; one death occurred. Average number of convicts during the year, 284.

TO CORRESPONDENTS.—Communications from various sources are on hand, and will receive early attention.

MARRIED,—At Stonington, Conn., Dr. Otis Smith to Miss G. Cheesebrough.

DIED.—In Adams Co., Penn., Dr. French. He was so badly injured by being thrown from a sleigh, that he soon died.

Number of deaths in Boston, for the week ending Feb. 2, 64.—Males 31, females 33. Stillborn, 7. Of consumption, 14—smallpox, 9—erysipelas, 1—scarlet fever, 3—teething, 1—lung fever, 4—abscess, 1—rheumatic fever, 1—croup, 7—cancer, 1—old age, 1—disease of the heart, 1—infantile, 2—inflammation of the stomach, 3—disease of the brain, 2—hooping cough, 2—debility, 1—paralysis, 1—inflammation of the lungs, 2—dropsy on the brain, 3—pleurisy, 1—ulcers, 1—suicide, 1—drowned, 1. Under 5 years, 27—between 5 and 20 years, 3—between 20 and 60 years, 25—over 60 years, 9.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Jan. | Therm.       | Barometer.          | Wind. | Jan. | Therm.        | Barometer.          | Wind. |
|------|--------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 6 to 27 | from 29.70 to 29.72 | N E   | 17   | from 23 to 27 | from 29.05 to 29.10 | N E   |
| 2    | 30 47        | 28.75 29.17         | S E   | 18   | -3 3          | 29.22 29.40         | N W   |
| 3    | 30 36        | 28.76 28.94         | N W   | 19   | -2 10         | 29.45 29.49         | N W   |
| 4    | 27 37        | 29.11 29.25         | W     | 20   | 1 16          | 29.61 29.63         | N W   |
| 5    | 20 41        | 29.49 29.58         | W     | 21   | 18 33         | 29.68 29.72         | N E   |
| 6    | 22 45        | 29.77 29.82         | S E   | 22   | 2 12          | 29.20 29.29         | N W   |
| 7    | 32 34        | 29.12 29.50         | N E   | 23   | 10 25         | 29.54 29.61         | N W   |
| 8    | 31 46        | 29.02 29.03         | W     | 24   | 16 31         | 29.38 29.50         | N W   |
| 9    | 29 33        | 29.17 29.22         | W     | 25   | 31 46         | 28.97 29.19         | N W   |
| 10   | 25 30        | 29.10 29.13         | N W   | 26   | 34 37         | 29.07 29.21         | S E   |
| 11   | 29 33        | 29.02 29.07         | S W   | 27   | 27 31         | 29.07 29.28         | N     |
| 12   | 27 37        | 28.99 29.05         | S W   | 28   | 20 31         | 29.20 29.25         | N W   |
| 13   | 21 29        | 29.30 29.45         | N W   | 29   | 27 40         | 29.52 29.60         | S W   |
| 14   | 16 32        | 29.33 29.50         | S W   | 30   | 34 46         | 29.16 29.50         | S W   |
| 15   | 25 45        | 29.40 29.43         | W     | 31   | 23 47         | 28.99 29.30         | N     |
| 16   | 36 33        | 29.06 29.16         | N E   |      |               |                     |       |

This month has been pleasant. A few days have been quite cold, and a few quite warm. The residue of the month has been quite uniform, and very favorable winter weather. Sleighing has been good much of the month in this place. Range of the Thermometer, from 4° below 0 to 47° above. Barometer, from 28.75 to 29.82. Rain, 2.92 inches—Snow, 13 inches.

*Fever.*—The days of out-and-out Broussaism are, thank God, passed ; and medical men, even in France, have now found out that a fever is not necessarily an inflammation. The possession of Algeria, if it has not been very useful to our neighbors in a commercial or political point of view, has, at least, had the effect of teaching the medical officers of their army—and the important lesson has gradually extended itself to the civil practitioners—to abandon many of the principles of their early professional education in Paris, and to have recourse to a more enlightened and successful mode of treating the fevers of Africa, which are almost invariably of a remittent or intermittent character. Bark, opium, and wine, have, in a great measure, taken the place of venesection and ptisans. In these fevers, it is of the highest consequence to keep up the spirits of the patient ; for the state of the mind has no inconsiderable influence in aiding or in counteracting the effects of the remedies employed for their subjugation. Often has the expected fit of an ague been observed not to occur, if the attention has been intensely occupied by something of absorbing interest, or if the feelings have been strongly roused by some joyous or alarming intelligence.—*Medico-Chirurgical Review.*

*Medical Institution of Yale College.*—The Annual Examination of Candidates for medical degrees and licenses commenced in this institution on Wednesday, the 21st ult. Of the Board of Examiners there were present on the part of the Connecticut Medical Society, Luther Ticknor, M.D., of Salisbury, *President* ; Josiah G. Beckwith, M.D., of Litchfield, Archibald Welch, M.D., of Wethersfield, Wm. H. Cogswell, M.D., of Plainfield, and Rufus Blakeman, M.D., of Fairfield ; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson. *Nineteen* candidates, who had attended at least two full courses of lectures and complied with the other legal requirements, were recommended for the *Degree of Doctor in Medicine*, and received diplomas from President Day, of Yale College ; and *two*, who had attended but one course of lectures, were licensed to practise physic and surgery by President Ticknor, of the Medical Society.

The Annual Address to the candidates was delivered, in the College Chapel, on Wednesday evening, by Wm. H. Cogswell, M.D., of Plainfield, of the Board of Examiners ; and the Valedictory Address, by Nathaniel W. Taylor, Jr., of New Haven, one of the candidates.

Rufus Blakeman, M.D., of Fairfield, was appointed to give the Annual Address, at the examination in 1847, and Josiah G. Beckwith, M.D., of Litchfield, his substitute.

After continuing in session until near midnight on Thursday, the Board adjourned, *sine die*.

*Æsculapian Society of the University of New York.*—The First Anniversary of the Æsculapian Society of the University of the city of New York, was celebrated by its members, December, 26th, 1845, in the Chapel of the University. Moderator, Dr. Mott. The exercises, which were very appropriate and well received by the audience, were as follows ; viz. Prayer, by Rev. Dr. Mason ; an address by the President, Mr. C. T. Quintard, of N. Y. ; Essay, by Mr. James, of Ga., subject, Common Sense ; Essay, by Mr. Dorster, of Ala., subject, Dignity of the Profession ; an address to the Society, by Thos. M. Franklin, of N. Y. ; Benediction, by Rev. Dr. Mason.—*New York Med. and Surg. Reporter.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIV. WEDNESDAY, FEBRUARY 18, 1846.

No. 3.

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## LATIN PRESCRIPTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE been much amused by your recently published extract from Douglass Jerrold,\* although a custom which I esteem essentially necessary to the medical profession is the butt at which his satirical pen has been made to direct its arrows. Jerrold is indeed a most talented writer, and his wit, which is of the Hood school, sparkles and bubbles out from the whole surface of the sentiment. He possesses eminently the faculty of making whomsoever and whatever he strikes at feel keenly the lash under which they are writhing, and by seasonably magnifying apparent follies, and keeping carefully out of view the real utility of any habit or custom, that may be falling under his merciless censure, he presents a distorted picture, and excites your laughter at a caricature, instead of convincing you of the reality of an existing deformity by a fair and truthful representation.

In the extract above alluded to, he complains that our prescriptions are difficult to read, as difficult even as Egyptian hieroglyphics, inscriptions on Etruscan vases, or "the contemporary pot hooks and hangers where-with John Chinaman labels his tea boxes;" that they are written in Latin, a language, in the purity of which we ourselves are ignorant; and hence, that when scratched down, they are a mongrel of Latin and English, or rather taken out of the English, and put into no language in particular; and that while we make our poor patients swallow our "nasty stuffs," indulging in a system of most refined cruelty, we insist on calling them "barbarous names to boot," thus making them nauseous not only to the natural, but horridly revolting to the more refined intellectual taste: and what is more than all to be condemned, this unmitigated cruelty upon the poor suffering intellectual palates of our modern reformers, is inflicted for the sole purpose of covering up our doings in a cloud of mystery, and keeping up that system of humbuggery which has been characteristic of our profession time out of mind. He finally closes by, in the kindness of his heart, advising us to drop these "the last links which connect science with nonsense—the Doctor with the Diddler family"—tells us the people are not Romans, but Englishmen, and recommends us to write as we speak. We are also informed (editorially) that "some of the most distinguished practitioners of England are giving the praiseworthy

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\* See page 439, Vol. XXXIII. of this Journal.

example of having their prescriptions in plain English, which every apothecary boy can read ;” and also, “a few are attempting to revolutionize the language of prescriptions here, but without much vigorous effort.”

The reform thus proposed—or rather the change, for as yet it is uncertain whether it would really constitute a reform—if once set about by the magnates of the profession, in good earnest, would not probably be confined to the mere language of prescriptions, but would rather extend to all technical language. The nomenclature of the whole curriculum of professional study—anatomy, physiology, nosology, chemistry, &c., which are mostly constructed out of the Latin and Greek languages—would necessarily fall under the ban of modern radicalism, and would have to be translated into English ; for the taste that revolts at the barbarity of calling a dose of Epsom salts *sulph. mag.*, would be horror-struck when told that it had all its life long been lugging about the sonorous cognomen of *levator labii superioris alaeque nasi*, attached with all its ponderosity to a small bundle of muscular fibres on the face ; and the mind that is so obtuse as to discover no difference between the intelligence that gives its directions for dispensing medicines in conventional abbreviations, and that which would attempt to cure disease through the influence of cabalistic words, &c., would find it at least as difficult to understand the meaning of *endosmos*, *exosmos afferent* or *efferent*, as of *ol. ric.*, *crass. mane*, or *fiat haustus*.

Before consenting, however, to reduce medical language (we will not pretend that it is pure Latin) to a perfect Babel, or even to change that of prescriptions to English, it will not only be necessary to inquire whether the objections here urged be really valid, but also to count the cost of the operation.

With regard to its being insulting and disgusting to the patient, that the apothecary has made up the draught that he is about to swallow from a Latin prescription, a language of which he is presumed to be ignorant, it need only be said that it is a subject in which he is about as much interested as the numerous readers of Douglass Jerrold’s spirited essays are in the chirography of his manuscripts. Yet no doubt many patients feel a curiosity to know what these significant marks and abbreviations mean, and few gentlemen in the profession refuse to gratify it, when requested, however absurd they may consider the spirit that prompts it ; their object being to convey their directions accurately and concisely to the apothecary, instead of blinding or mystifying the patient. True, the practice of appending directions for the administration of the medicine in abbreviated Latin, as *crass. mane*, or *mist. hora somne*, should be dispensed with here, where the physician directs the patient and nurse, instead of advising the apothecary and leaving this part for him to direct, as is the case in England.

But can we dispense with a technical language in prescriptions, or in other departments of the science ? I answer that we cannot, and if we cast off the Latin at the beck of radicalism—if we do consent to strip our science naked and expose her to the coarse jest of vulgar prejudice, still will she again clothe herself, if it be only with the primitive fig leaf.

Peculiarity of ideas begets, necessarily, peculiarity of expression, and no matter in what language these peculiar ideas be expressed, they will be in Latin or Greek to the uninitiated. No profession or calling have ever been able to do without a technical language; and in no other than medicine, has the construction of this language from the Latin or Greek, been esteemed as an evidence of a desire to clothe in mystery the principles of the art. The law, the sciences of music, painting, architecture, all have their peculiar language, and even the open and manly employment of agriculture, in which no one, I believe, has ever dreamed of humbuggery or mystification, is not entirely free from the crime of borrowing many of its terms from the Latin or Greek language. Indeed, among our intelligent yeomanry it is not at all uncommon to hear a disquisition upon the identity of *ubuin*, *humus* and *geine*, or on the nature of *crenic* and *apocrenic* acids.

And what is there wrong in all this? Surely nothing! Things, whether the subjects of any particular science or not, must have names, and from whatever language these are borrowed, they will be somewhat difficult to learn at first, yet by use they become familiar, and in a little time we hardly know them from legitimate instead of adopted children—from part and parcel of the English language. Thus cream of tartar, though English to our modern ears, was as much Latin when first introduced among us, as its more modern successor, *bitart. potassa*, is at present; and Paracelsus, who undoubtedly felt as much shocked at its primitive heathen cognomen as Jerrold is by its more recent, kindly undertook, instead of finding fault with its introduction, to translate it for his generation, and to this end tells them that “it is called tartar because it produces oil, water, tincture, and salt, which burn the patient as hell does.”

There are many strong reasons why we can never give up our medical language, and especially that of prescriptions, and come down to the *plain English*. True, we are aware that our patients are not Romans, but generally Englishmen, as far as language is concerned; yet it is not our peculiar province to talk for them, but to cure them, and the science of medicine is not confined in its operation to the limits of the English language, nor is its cultivation confined exclusively to those who speak that language, but is co-extensive with the whole civilized world. Its interests are limited only by the confines of human organization, and its cultivators have very properly selected or formed a common language, which serves not only as a means of mutual interchange of sentiment, but also as a bond of union, a kind of universal parlance, in which all nations and kindreds and tongues can contribute to the general stock of medical science. This “no language in particular” is principally drawn from the Latin, a language not spoken by any nation at present, and hence not liable to those changes and mutations which must ever attach to the vernacular of a living people. Thus adopted, not only as the common language of the profession, but peculiarly that of prescriptions, a formula written in it will convey the same idea to every well-taught physician in the civilized world, and will procure the same remedy when handed to an intelligent apothecary, from the Bosphorus to the Oregon—from North Cape to Cape Horn.



Would it be thus were our prescriptions written in plain English? Without going beyond the confines of our own language—what should we write for *Eupatorium perf.*? Should it be *thoroughwort*, or *thoroughstew*, or *thoroughwax*, or *boneset*, or *vegetable antimony*, or *crosswort*, or *Indian sage*? by all of which names it is known in some of the various sections of the countries where the English language is spoken. Nor is this a solitary example; as almost every article which has been long in use as a medicine, whether of the vegetable or mineral kingdom, is known in different countries, speaking the English language, by different names.

The consequence, therefore, of attempting to revolutionize the language of prescription, must be to introduce confusion and uncertainty into our formulas, even within the narrow limits of our own language, without mentioning the difficulty that must attend communicating with individuals engaged in a similar pursuit, speaking and writing a different language. The invalid, who takes, perhaps, a well-tryed prescription from his physician, when setting out on a tour in pursuit of health, will frequently find, when the railroad cars set him down at the end of his first day's journey, that he has travelled beyond all knowledge of his favorite formula; and the physician who attempts, when agrarianism shall have completed its triumph, to communicate the fruits of a rich experience, will feel that that experience must be confined to the narrow limits of his own neighborhood, unless he can command translators as numerous as Adelung found dialects among the aboriginal possessors of our own country.

By a most singular obliquity of human nature, Jerrold falls into the very error he condemns in us: and while writing exclusively for English readers, with a vanity hardly excusable, he introduces his Latin phrases; thus with the beam projecting from his own eye, he vainly attempts to pull out the mote that is in his brother's. If he wishes really to reform us, let him drop his *cui bono*, his *omne ignotum pro magnifico*, phrases that add nothing to either the sense or elegance of the article, and then, though we may not be convinced by the power of his reasoning, we will at least give him credit for purity of motive, and an anxious desire to benefit his fellows by ridding the world, and the medical profession particularly, of what he esteems a foolish and useless custom.

*Buskirk's Bridge, N. Y., Feb. 6th, 1846.*

S. A. COOK.

#### OPTICAL ILLUSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a late No. of the Journal (No. 21, Vol. XXXIII), I gave some account of a remarkable state of illusive vision, experimented in my own person, during about fifteen weeks. But from a fear of drawing it out to an unreasonable length for publication, I not only omitted many of the most interesting appearances, but neglected to mention nearly all the circumstances which were calculated to open the way for rational investigation by those laws of order by which they were produced and governed.

As it respects my bodily sensations during my blindness, my greatest

suffering has been from a luminous or lighted up appearance in my eyes, somewhat like that of a person turning his face to the direct rays of the sun with the eyes moderately closed. This uneasy sensation usually continues from one to three days and nights, during which time, the appearance is of a uniform sheet of whiteness, attended by a weak sensation throughout the upper part of the head, as low down as the orbits of the eyes; often producing a degree of vertigo, requiring considerable caution to balance myself. The transition from this luminous state of the eye to an opposite extreme, or total darkness, was generally sudden, and took place during sleep; by which change I was always much relieved. But the intermediate shades were much more agreeable, in which the illusions appeared with the greatest distinctness. In all my inquiries into the nature and cause of these singular phenomena, if such they may be called, I have but one principal object in view, the advancement of science rather than any personal benefit I expect to derive from it. On my first being attacked with these strange aberrations, I suspected, according to the popular notions of the day, that there was some error in my habits of living. But I had not used tobacco in any form for ten years; and I drank no ardent spirit, except occasionally a weak compound tincture of aloes, made of one half water, to remove obstinate constipation. I was living at the time on rather high seasoned meat diet, which I immediately abandoned altogether, and not without some improvement as to my general feelings; but without any benefit in other respects.

My spectral illusions went on for two and a half months without interruption; and it may be added, that the weather was extremely cold at that time, and I was obliged to sit by a hot stove, which was very annoying to weak eyes. But my second attack commenced about the 20th of June, when the weather was quite temperate, and I was permitted to walk daily in the open air. I also rode out and visited my friends; but all to no purpose. I went through with nearly the same routine, but much more rapidly.

After due consideration of the circumstances which seem to have any bearing on the subject in question, I am convinced that mental illusions, in all their varieties and forms, originate in peculiar modifications of the affections of the mind, or living principle, and not in the disorganization of any part of the material body as a primary cause. Indeed, I know of no theory that can be established upon rational principles, to account for diseases of any kind, which do not have their origin in causes superior to nature. The manifestations of disease upon the organic form, are but the effects of the living principle within. For who cannot see the utter absurdity of a dead subject being attacked with the rheumatism, or asthma, or any other disease whatever. It appears, then, that the living principle must be at least implicated in the disease, whether its manifestation be in the intellectual or bodily organization.

Optical illusions appear to be somewhat nearly allied to dreaming, and perhaps still more so to mesmeric sleep. But to have any correct idea of these states, it is necessary to know what our state is during sound sleep; and also what it is while awake. That the understanding and

will, with their activities, are the faculties concerned, and constitute what is called the soul and spirit of man, is well known. A state of wakefulness is that when the affections of the will flow into the forms of ideas in the understanding, and fill them with life and rationality, and they become thoughts, and thence speech. But when the will, in a calm state of mind, withdraws itself from the understanding, thoughts cease, and sleep ensues; for it is the understanding that sleeps, the will being always awake to assist in sustaining the involuntary movements of the heart, lungs and other vital organs. Hence it is evident, that dreaming occurs while in a state between sleeping and waking; before the rational faculty is sufficiently aroused to secure an orderly arrangement in the association of ideas; while in mesmeric sleep, the understanding appears to be quiescent or suspended, and the will brought into subjection to the understanding and will of another person. Illusive vision is a modification differing from either of the above mentioned, as it occurs in a state of full wakefulness, and I believe always in such persons as are in the habit of intense thinking; whereby the understanding becomes so far elevated above the will, that the affections do not reach the superior forms of ideas, to fill them with life and reality, and hence they remain in the cerebrum, or about the extremity of the optic nerve. The idea perhaps may be better apprehended by comparing it to abortive seeds in certain exotic plants, which from some casualty have not received the prolific principle from the pollen necessary for their full development. This may account for the compound motion which has been heretofore mentioned, corresponding to the movement of the eyeball or whole head.

It is a fact admitted by scientific physicians, that there are some diseases of the human body, derived from a morbid state of the mental affections. Those disease which appear to arise from a disordered state of the moral faculty, exist from it, as effects flow from a cause; and in such cases the physician would not prescribe to the animal machine merely, but make his application to the source of disease, the morbid state of mind. This practice is not uncommon in cases of disordered mental affections. There are cases of diseased action in the human body, not obviously depending on any derangement of the moral faculty, wherein, after prescribing to the diseased state of body, physicians address the rational faculty, to remove apprehension of danger, or perhaps to beget confidence in the means employed to allay disease. But man, composed of spirit and matter, is not to be treated as a mere animal, destitute of intellectual powers and a moral faculty. This is in agreement, it is presumed, with the practice of humane, judicious and scientific physicians, who prescribing for patients with intention to remove bodily pains, think they have performed but a part of their duty when they neglect to administer to the rational principle, and apply remedies adapted to its state, as well as prescribe to the more apparent diseased organs of the body. This common practice implies, that organic diseases are attended with, and dependent on disordered affections of the mental powers, whether the principle be acknowledged or not.

The principles of life in man are so intimately connected with the vital



organs subservient to the existence of the body, if the last be in a state of disorder, the cause will be found in the first; for it appears to be an established law of Divine Order, that the influx of life flows in through the soul into the body, and not *vice versa*.

In conclusion, I would say, that if the premises here laid down are correct, for tracing diseases to their legitimate source, then we have arrived at the fountain, from the alembic of which, is distilled the very essence of all morbid affections.

TRUMAN ABELL.

*Lempster, N. H., Feb. 3d, 1846.*

## HOMŒOPATHY—REVIEW OF DR. LEONARD'S REMARKS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I do not take up my pen to enter into a discussion upon this subject generally; but as there are some points in Dr. L.'s article\* which are worthy of comment, I presume there will be no objection to giving our views, as the writer and myself understand them differently, and there certainly will no harm arise from examining contested points in medicine, if it is done in a proper spirit. If I am wrong in what I have written on the subject, if I do not give the views of the homœopathic school generally who are the readers of this Journal, I hope they will jog my memory. That there is a misunderstanding of the doctrine of homœopathy (so called) by the profession generally, is certain; and that there is a growing desire to know what is held, is as certain. That it should be misunderstood by men of learning and ability who have paid little attention to the subject, is not strange, as it requires a critical examination both in principle and in practice, as does every really scientific subject, in order to come at the truth in regard to it.

The first part of Dr. L.'s article, in regard to a drunken man being relieved by more brandy—the process of shaking medicines, and small doses having more effect than large ones, I shall pass over, as I have recently given my views on those points in this Journal. I come to his “second objection to Hahnemannism,” which is “a speculation based on hypothesis,” &c., in which he intimates his belief that it is regimen and imagination which cure, and when these are not sufficient, strong doses are used. I judge, however, from what he has said, that his knowledge of the subject from actual critical observation (and none other is worth a rush) is as limited as his reading, or at any rate his knowledge must have been gained from bad sources. I am sure we regret, if he has seen such things, that he has not fallen into better hands in his investigations, that he should take up the exceptions instead of the rule. He says, “Homœopathy is but another name for quackery; others than doctors practise it. By purchasing a box and a book,” &c. Now that it is quackery, is a mere assertion. If it is because families do their own prescribing, that is certainly extra professional practice, of which I was never very fond, but I can perceive no more harm or quackery in keeping a box of aconite, bel-

\* See page 453, Vol. XXXIII.

ladonna, &c., and a book to match, than for families to keep calomel, opium, &c., with Buchan's or Coates's Domestic Practice. If he means that a man, by buying a book, sets himself up as a general practitioner, and assumes the responsibility of the lives of the sick without a medical education, I agree with him in its condemnation, and he probably well knows that no one can have any fellowship in any way with the homœopathic fraternity until they have a degree or license to practise medicine. It is true that occasionally one may practise without, but they are held as quacks. Is not this true in the allopathic ranks? How many are there in our country who claim to be regular physicians, use opium, calomel, the lancet, &c., who have no moral right to practise? Let the school "that is without sin cast the first stone."

He says, "Many diseases present symptoms so varied that no medicine can be found that is capable of inducing similar phenomena—hence many disorders are incurable by homœopathic remedies." Still, if homœopathic remedies produce half the symptoms which their opponents hold up to ridicule, I know of no disease but what would be covered by them, and the patient too, head and ears! This difficulty is made much plainer by a little more study. It is not supposed, in a very complicated case, that every symptom will be removed instantaneously—several remedies may be necessary—but often in disease some of the symptoms are pathognomonic, peculiar, or characteristic; these, all admit, are of the most importance. These being relieved, those which are sympathetic will of course disappear. We have checked vomiting, subsultus, &c., with cantharides immediately, but the primary difficulty in the case was irritation of the bladder, the other symptoms arising from the excessive irritation and pain. So it is often in other diseases. Again, "There are maladies presenting symptoms *not complicated*, yet of such a nature that no drug can be found which will cause like phenomena; consequently Hahnemannism affords no relief for them. As examples, uterine hemorrhage, incarcerated hernia, biliary calculi," &c.; and he might have added, shingle nails in the stomach, fracture of the femur and pregnancy. This leads me to a point that needs comment. Does Dr. L. suppose that when he administers morphine in neuralgia, or arsenic in a cutaneous eruption, their operation is the same as that which would be appropriate for incarcerated hernia, or biliary calculi? What are his ideas of the *modus operandi* of medicines? Our brethren who claim all the wisdom, and write against homœopathy, although they may admit its value in neuralgia, scarlatina, dyspepsia, fever, &c., still say it is an exclusive system; it is not appropriate to all cases. This depends upon the view that is taken. Although minute doses of medicine, when accurately and appropriately applied, acting on the vital organs, will relieve speedily and effectually acute and chronic disease, such as fevers, inflammations, neuralgias, dyspepsias, &c., it does not follow, as some are foolish enough to claim it ought, that they will relieve strangulated hernia, or reduce a fracture, or neutralize an ounce of acid in the stomach. Now the business of the medical practitioner is to relieve all diseases and accidents. The means by which he operates may be divided into three classes: 1st, *mechanical*;

2d, *chemical*; 3d, *vital*. Under the first head we comprise all operative surgery. Under the second, everything that operates chemically. These operations are entirely distinct from the other, far below it, as it were, and may as well be performed on the dead body as the living. It is vital medicine, only, to which homœopathy is applicable, and it has always been so; that alone which can be effected by the aid of the vital power, we claim as essential to the operation of minute doses. But it is *as* necessary in large doses in allopathy. It seems to me that this distinction should be kept in view, and then the notion of an exclusive system would not appear like such a mighty bugbear. This is no new doctrine. Hahnemann is continually talking about removing the cause (*tolle causam*), such as foreign substances in the system, adjusting the parts, whether in the bones or muscles, neutralizing acids with alkalies, &c., and it is always presumed to be so understood. There may be some cases which are intermediate between the mechanical and vital, such as emptying the stomach and bowels of foreign substances, checking uterine hemorrhage by contraction of that organ, and others requiring their appropriate means of relief. Dr. L. says, "I could continue my objections to this theory until I had exposed every position Hahnemann has assumed, but I have not time to pursue it further," &c. A sad misfortune for all coming generations that he has not a little more time, for if he can do this he certainly has an opportunity of handing his name down to posterity; and if it is the thing he supposes it to be, and the members of our profession are continually adopting it, we think he is in duty bound to do it. He may be sure his homœopathic brethren will not interrupt him; they may just keep him on the track!

Dr. L. closes with some remarks on aconite. He calls it an acrid diaphoretic, &c. Very well. How does it operate? This has been a question. It is generally known that this is a prominent remedy in tonic diseases in homœopathic practice. But then the dose—it troubles our brethren to understand, when it takes one or two grains to produce perspiration and relieve fever, how a minute dose will do the same, and that, as David Crockett said, "*without a scratch*"! Now this is all true. My impression is that aconite operates especially upon the capillary system, relieving the congested vessels, or whatever it is, in a high fever with a hot dry skin, and we get no perceptible effect from a minute dose unless the above state exists, the system being not susceptible to it. Not so exactly in a large dose, for the system will *feel* this at any rate; but still there is less difference, after all, when everything is taken into the account. Many of our extracts contain much inert matter, and then the manner of administration is different. We believe if Dr. L. would use doses much less, properly prepared, he would find effects from them, if his other means did not interfere.

The only way that homœopathy can be judged of, is by testing it, and that, too, by its own principles. The idea that everything is known in regard to it, before a critical examination of it is made, never will be believed, nor should it be, as it is contrary to the established custom in regard to every practical scientific subject, and to the dictates of common



sense. There is too much prejudice in the medical profession. Because there are uncertainties, and things at first do not appear exactly to our minds, we should examine critically; then if the fundamental principles of homœopathy can be refuted, let it be so. Our brethren are anxious to improve medical science, no doubt; the better treatment of many diseases is desired; the use of arsenic, mercury, &c., so as not to get unpleasant effects—but if by laborious research this is done, if it fall under a system which may have made some extravagant claims (and what system has not), it is immediately disposed of by one word (humbug). A physician, no matter what his standing may be, if connected with that system, is immediately *expelled* from a medical society, if he belongs to one. This, we say, is wrong, and it is so held, I admit, by all enlightened members of our profession. Yet it has ever been so. There was more bitter hostility manifested against Dr. Boylston, in Boston, for advocating inoculation, a century ago, than there ever has been against homœopathy. That was more ridiculous then, than this is now—but the fact of protection by inoculation was as true then as it is now, though perhaps not as well explained.

DANIEL HOLT, M.D.

*Lowell, February, 1845.*

#### EMETICS IN LARYNGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

LARYNGITIS is one of those formidable diseases which are well calculated, in their nature, to excite alarming forebodings on the part of the patient, and much anxiety and solicitude on the part of the physician and friends.

When we consider the importance and nature of the parts affected, the activity of inflammatory action, the alarming symptoms exhibited, and the too often speedy and fatal termination of the disease, we shall not wonder that it excites so much dread and alarm in its progress.

Fortunately for us, and for mankind, this disease is not of very common occurrence. Although I have been called upon to treat two or three cases of this kind within the last four years, still I find that there are many physicians, whose practice has been more extensive than my own, who have not had, in the same length of time, one case of acute, idiopathic laryngitis.

This disease requires active treatment. Free bloodletting, both general and local, is most generally indicated. But there are cases, when venesection, to any considerable amount, is certainly inadmissible. The question then arises, what is the next best plan of treatment? In order to answer this question, I will give the history of a case that occurred in my practice a few months since.

I was called, some time in last November, to see Miss W., æt. 28, who I was told was very ill. I was somewhat astonished at receiving such a message, as I had seen her a few hours before, and she was then enjoying her usual health, with the exception of a slight hoarseness. On my arrival, I found the windows and doors of the apartment thrown entirely

open, although it was very cold and unpleasant without. I found Miss W. sitting in an upright posture, her feet in warm water, and supported on either side by an assistant, while she was laboring and panting for breath. Every inspiration caused a convulsive effort, which very much agitated her whole body. I found her pulse from 95 to 100, fuller than natural, but not hard; extremities cold, tongue slightly coated, and an entire loss of voice. There was a total inability to swallow, except *occasionally* a few drops of cold water; almost constant cough, with a peculiar harsh, husky, stridulous sound; face flushed, eyes prominent, with a general distressed and anxious countenance.

Here, certainly, was a formidable array of symptoms, which required immediate relief. Bloodletting was not in this case to be thought of, as Miss W. was of very feeble health, suffering continually from congenital disease of the heart, which, impeding the circulation of the vital fluid, and impairing the digestive and nutritive functions, left the system well fitted for a host of neuralgic affections, "weaknesses," and anemia, from which such patients always suffer. As I did not think it best, under these circumstances, to open a vein, I next endeavored to apply leeches to the throat; but having none, except the domestic kind, and the motions of the patient being so great, caused by the difficulty of breathing, I could not succeed in making them work to advantage. I next thought that I would irritate the throat smartly; but I found that had been already done to vesication, before my arrival. I then had no alternative but to treat the case with emetics. I therefore, with much difficulty, got my patient to swallow three or four grains of the turpeth mineral, which very soon excited nausea and vomiting; equalizing, in some measure, the circulation, besides producing a moderate perspiration and a constant and copious flow of ropy saliva from the mouth. This treatment relieved some of the most urgent symptoms, and we were now enabled to make the leeches work to our minds. We afterwards kept up smart counter-irritation, and had the extremities kept warm by sinapisms, hot flannels, &c. Gave her sanguin. Canaden. pulv., gr. ij.; ipecac. pulv., ij.; sub. mur. hyd., gr. j.; this dose to be given once in three hours. Under this treatment, slightly varied, our patient gradually recovered. And let me say here, that Miss W. had the same disease some two years since, when the same mode of treatment was adopted with equal success.

I know that there are objections to giving emetics in this disease; and I should not *rely* upon them as primary remedies, except in those cases where venesection is inadmissible.

I should also give them in those cases where general and local blood-letting fails (as it often does) of giving decided relief. I should then prefer the turpeth mineral to any other drug, from its *known good effects* in relieving engorgements, and subduing inflammation in these important organs. Sanguinaria, too, I think much of, from the influence it often has over diseases of the throat and bronchial tubes; it should generally, however, be combined with ipecac. and sub. mur. hyd., or with tart. ant. potas., as the case requires.

J. D. MANSFIELD.

*South Reading, February 7th, 1846.*

# DEATH FROM INOCULATING WITH MATTER FROM AN ULCER SUCCEEDING THE VACCINE VESICLE.

[Communicated for the Boston Medical and Surgical Journal.]

On the fourteenth day from vaccination, when there was no vaccine matter present, but a foul secretion, this fluid was taken by needles, and inserted into the arms of two children by their mother or some one present. The operation was performed on the 29th of Sept. at 8½ o'clock, A. M. At 8 o'clock, P. M., both were taken ill suddenly, with much restlessness and great heat, the same symptoms in both. At 10 o'clock, P. M., symptoms somewhat worse; but the parents thinking they would soon be better, no medical aid was called until 2 o'clock at night, fourteen hours after vaccination, as they termed it, when the infant, 18 months old, became convulsed. Dr. Allen, of this city, being near, was called in. Spasms continuing, at 8 o'clock, Sept. 30th, I met Dr. A., and we continued in attendance till 10½ o'clock, when it expired, twenty-six hours after inoculation. The virus corroded through the true skin in this short period, and arm swollen.

The other child, about 4 years old, continued very sick; arm swollen, red and painful, with a white ulcer, evidently extended through the true skin. There was no vaccine vesicle or scab, or anything like it, formed on the arm. The ulcer continued to discharge until about the 10th of January, 1846; and on the 19th of January, the last scab fell off, leaving an unsound appearance, and a hardness in the cellular membrane beneath. It is evident that a virulent poison was introduced into the arms of these children.

DANIEL MOWE.

*Lowell, Feb. 5, 1846.*

## THE BROCCHERI STYPTIC OUTDONE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to tax your sympathies in a most distressing situation, one indeed that is truly painful to every benevolent heart. Within a few weeks our highest hopes have been excited by several excellent individuals, moved alike by scientific and philanthropic zeal, to test the value of a priceless blessing, and when its powerful and surprising qualities were placed beyond a doubt, it was discovered, alas! to be too costly for general use. I allude to the aqua Brocchieri. I am satisfied your irreverent incredulity would never have appeared, had you been animated by a truly scientific zeal. Under these circumstances, convinced of its efficacy, and yearning in my inmost bowels to advance the interest of science and humanity, let me urge upon all the humane physicians to prepare immediately a remedy of far superior worth, viz., the balsam of Fierabras, whose magic powers are so graphically set forth in the second volume of Don Quixotte. Its operation upon that bright mirror of chivalry and his faithful squire should convince the most incredulous.

Fearing that some of your readers may not have immediate access to the work, I quote from the first volume, Williams's Exeter Edition, 1838.

*New York, Jan. 21th, 1846.*

Yours truly, E. H. DIXON.



"What I beg of your worship, says Sancho, is that you would let your wound be dressed, for there comes a good deal of blood from that ear; and I have here some lint and a little white ointment in my wallet. All this would have been needless, answered Don Quixotte, if I had bethought myself of making a phial of the balsam of Fierabras; for with one single drop of that we might have saved both time and medicines. What phial and what balsam is that? said Sancho. It is a balsam, answered Don Quixotte, of which I have the receipt by heart, and he that has it need not fear death, nor so much as think of dying by any wound. And therefore, when I shall have made it, and given it to you, all you will have to do is, when you see me in some battle cleft asunder (as it frequently happens), to take up, fair and softly, that part of my body which shall fall to the ground, and, with the greatest nicety, before the blood is congealed, place it upon the other half that shall remain in the saddle, taking especial care to make them tally exactly. Then must you immediately give me to drink only two draughts of the balsam, and then you will see me become rounder than any apple."

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1846.

*Vaccine Aphorisms.*—Some very excellent observations have recently appeared in the New Hampshire Patriot, on the value of vaccination and the signs by which its perfect condition and protective influence may be known. The article was one that would have been creditable to any practitioner, and should, therefore, have had its place in a medical journal, where it would have been seen by five hundred practitioners where it is now noticed by one. The concluding aphorisms so entirely meet our individual views, that we have transferred them to our own pages—regretting, at the same time, that it is impossible to give credit for them to the close observer from whom they emanated, as he has concealed his name under the no-meaning signature of T.

1. A "scar" of the cowpox, having all the characteristic marks, and perfectly distinct, is not to be relied upon as an evidence of certain protection, unless proved by re-vaccination.

2. *Complete* vaccination forever secures an immunity to the individual from infection of the smallpox, varioloid, and from specific effects of cowpox.

3. In primary successful vaccinations, there is little evidence of the operation of the virus, before the fifth or sixth day, while in subsequent vaccinations, if the first be *complete*, there is speedy inflammation and itching, and the whole disappears at about the time that the first should distinctly appear.

4. The most rigid scrutiny is requisite in the selection of matter, that it be collected at the right period of the vesicle, and from individuals of

robust health, free from any cutaneous or other disorders, and of these conditions, the physician is the only competent judge.

5. Cutaneous diseases (as perhaps visceral and other disorders), seriously modify the character of the genuine vaccine affection, both as it regards the purity of the virus, for transferring the disease, and also the degree of security afforded the vaccinated, in consequence of impaired susceptibility.

6. *Re-vaccinate in all cases*, and repeat the operation so long as it specifically affects the system.

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*Smallpox in a Cow.*—The possibility of communicating any of the diseases to which man is incident, to the lower animals, would not meet with much favor from medical philosophers. However, a gentleman of close observation, who resides in Iowa, has favored us with the following circumstances.

"The enclosed [a crust] is the scab from a yearling calf that has had the smallpox. That disease broke out in a family residing about twelve miles from Burlington, some five weeks ago. They all had it, and two of its members died. A cow and calf were in the habit of coming round the door of the house—drank the water in which the family washed, smelt the clothes that were cast off by the sick and thrown out, and also inhaled the infection, and took it. Our physicians held a consultation over them two days ago, and pronounced it to be the genuine smallpox. They were not informed of the fact until it was so late that they could hardly tell whether the scabs were primary or secondary. [The specimen is evidently of the latter kind.] There were some two hundred pustules on the calf, about the head and legs, and more on the cow. Some thirty persons were vaccinated with a scab from this source, in this town, but sufficient time has not elapsed to develop its true character."

At Rainsford Island, in Boston harbor, where cases of smallpox abounded for half a century, when not permitted to exist anywhere in the city, no way could be devised by which the matter from the most virulent form of smallpox, would show any effects whatever on cows, oxen, dogs, cats or horses.

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*Looking into Hydropathy.*—A medical gentleman belonging to Lynn, Mass., now in England, is writing a series of letters home, which are published in the Pioneer, descriptive of what he sees and feels. It is lamentable that a man of such intelligence as the articles indicate, could find no more elegant or euphonious signature than that of *Noggs*. There is a kind of vulgar tang to it, that might induce some to pass over the communication with the idea that whatever was written by Mr. "Noggs" was of very little importance. Among other things that were new or strange to him, he has been examining a celebrated hydropathic establishment called Stansteadbury House, conducted by one Dr. Edward Johnson. No doubt need be entertained, after reading his account of this institution, that a water-curing hospital will grow up in the rural town of Lynn, on the return of *Noggs*. He probably never would have devoted so much labor to the details of Dr. Johnson's process and scientific views of the mode of being medicated with cold water, had he not cogitated upon a plan of imitating the Stansteadbury concern, immediately on reaching

home. His candor in the following paragraph shows that he is not quite insane upon the curative properties of water, however strong his faith may be in Dr. Johnson's tact at making converts.

"The opportunity generously offered me by Dr. Lawrence for increasing my surgical knowledge is not to be had everywhere. Cold water, though it works miracles in its way, won't divide tendons, or amputate limbs, or reduce fractures and dislocations. I have stopped going to places of amusement, and spend all my spare change in books. 'A few brains to begin with would be better,' perhaps some of my Lynn brethren would say; but brains, after all, are not absolutely necessary to get business, as the case of many a doctor will testify."

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*State Prison Discipline.*—One of the State Prison documents published by the Massachusetts Legislature, the present session, contains the annual report of the Board of Inspectors. It is evident that the critical observations of the author of "*Remarks*," &c., does not at all please the gentlemen—and the wonder is that they do not resent the observations made upon the establishment at Charlestown, more spiritedly, since they are undoubtedly right. One of the strongest arguments for sustaining the inspectors in the public estimation, is quoted as follows from their language to the Governor and Council—"And the health that prevails among the convicts, and has for years past, and which from some cause, we have reason to apprehend is not surpassed, if it is equalled, in the history of similar institutions, is evidence, among others things, of the care and attention which this department of duty receives."

As far as possible, the law of kindness is predominant in this prison; but the inspectors have that old kink in their heads, that "*corporal punishment must at times be inflicted*." A little flogging is mere pastime, some people seem to think, by way of keeping up wholesome parental discipline. It has been a grievous mistake in the legal lookers-on at the Charlestown Prison, thus to perpetuate the disgraceful punishment by the lash. Nothing is more extraordinary in the history of these institutions, than that the barbarous infliction of the cat or whip should be still persisted in, contrary to the dictates of humanity, to reason, and the benevolence of a christian age. There are no worse convicts at Charlestown, we presume, than at South Boston; yet a blow is never struck in the House of Correction there, nor is one ever required for the maintenance of order in general or the control of an individual. We have a distinct recollection of the doctrine advocated by an officer of the State Prison, some years since, when we contemplated raising an inquiry, in the Legislature, in relation to flogging the convicts. A holy vocation, in most cases, make the heart tender to the physical sufferings of man, even in the lowest depths of degradation.

We pray that Providence may raise up a Miss Dix, to ring this matter in the ears of those who inflict or sanction this cursed system of prison discipline, till it is abrogated forever, as a sin and a blot on the civilization of these United States.

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*Diagnosis of Diseases of the Heart.*—This promises to be an important guide, although there is no display or extra exertion manifested



by the translator to make the reader think better of it than the work actually merits. Dr. Felix Audry, ex-chef de clinique at the Hospital of La Charité, was a close observer. Less is known of him here than might have been supposed, when one recollects the troops of medical students who are annually returning from the schools of France, laden with the rich discoveries and researches of the medical philosophers of Paris.

"This Manual," says the author, "is addressed both to physicians, who will find in it a series of clinical observations, verified by *post-mortem* examinations, which will prove to them to what degree of precision pretends the diagnosis of diseases of the heart; and to students, who, in this Manual of Diagnosis, will learn how those practical results are arrived at, which constitute the real victory of modern clinical observation." The translator is Samuel Kneeland, Jr., M.D. We thank him for his efforts to extend the influence of this excellent book. There is no lack of *heart literature*, as understood by medical men, but much of it is too massive and too costly. It is a matter of more consequence than all are willing to acknowledge, to have text books, or, as they are appropriately called, *hand books*, those necessarily consulted frequently, with little opportunity for reading deliberately, as expressive and yet concise as possible.

Clinical researches, with a view of assisting in the diagnosis of the organic diseases of the heart, is a sensible article. The first part extends from the 12th to the 148th page. Part second embraces practical applications of the diagnosis of diseases of the heart, to their treatment. Without dwelling on the fact, that this is just what every one should have who prescribes for human maladies, it is also to be carefully studied by those who are preparing for the duties of a general medical practitioner.

We are surprised that Dr. Kneeland did not think to insert an index to this work, as it is exceedingly difficult to find anything without turning over leaves from beginning to end. Messrs. Ticknor & Co. will please remember, in the next edition, that an index is as indispensable in this instance, as a sign on their own ware-house. Being published in this city by T. & Co., copies may be readily procured.

*Family Regulator.*—A circular is extensively circulated, post-marked at Rochester, N. Y., giving notice that a certain instrument may be had in that city, the object of which is, to prevent the too great multiplication of the human race—and therefore called the *family regulator*. It is disgraceful to the age, to the country, and to the city from whence the circular emanates, that such an infamous, wicked proposition should be made to the ignorant or the abandoned, as this travelling advertisement so fearlessly announces. The grand jury would confer a favor on society by indicting every agent employed in the sale of this monstrous device for secret murder. Under the plausible pretext of preserving the health of mothers—and there is not a particle of truth in a single argument brought forward in the circular, to justify a resort to that most abominable of all operations—a broad-spread snare is laid for profiting by the credulity, avarice and depravity of unprincipled men and women.

*Southern Journal of Medicine and Pharmacy.*—By some mishap, the first No. of this new Journal, from which extracts were taken on its ar-

rival, has been mislaid for some weeks. On its re-appearance, we have been looking into the plan the editors propose in the management of their enterprise. They evince industry, the first element of success, and from the variety of topics introduced, it is certain that nothing escapes their vigilant eye that promises to be of any immediate importance to their patrons.

The Southern Journal of Medicine and Pharmacy is to appear at Charleston, S. C., every second month, at four dollars a year, payable in advance. The editors are J. Lawrence Smith, M.D., and S. D. Sinkler, M.D. There is talent enough in the Southern States to give this newly projected periodical a high character. Any services in our power to facilitate the business operations of the Journal, are cheerfully tendered.

*Clairmativeness.*—A clergyman somewhere near Poughkeepsie, N. Y., has started off at a tangent with a new name for an old thing. The ass, however, was still an ass, when concealed in a lion's skin. This is nothing but the old imposition of animal magnetism, with elegant fixtures. It means *clearly reversed*—or, in other words, the magnetic state is a state *clearly reversed* from the natural, says Mr. Fowler. Under the new title, the soul has been seen by a boy. Hear him. "Mind is magnetism. It is produced or rather formed in the brain by means of the five senses, as we showed in our first lecture. It is then life—pure intelligence, that breath of God which he breathed into man when he became a living soul." Another mad house will soon be needed in the Empire State if this philosopher lives.

*Progress of Population in the United States.*—A writer in Mr. Hunt's Merchant's Magazine, says that we shall have, in the census of 1850, a population of 10,930,000 in the Atlantic portion of the States. Allowing the increase of the whole United States to be the same as hitherto—that is, at the rate of one third for every ten years—we shall have for our entire population, in 1850, 22,760,000; from which, deducting the Atlantic portion of 10,930,000, there remain for the West, 11,830,000; or a majority of 9000. The ratio of increase has been, in two decennial periods, over 100 per cent.; in one of them, 70 per cent.; and in only one has it fallen below 50; while for the preceding ten years, it exceeded 100. No one denies that the causes which have hitherto so rapidly swelled the population of the vast region of the West, are for the most part still in operation. After 1850, it is assumed that the population of this country will have its centre west of the mountains.

*Personal Beauty of the Georgians.*—Dr. Parrot's Jaunt to Ararat abounds with curious observations on the character, habits and every-day appearances of the people met with on the tour. In speaking of the Georgians, he thus remarks. "The personal beauty of the Georgians would naturally attract the attention of Europeans, and secure a lively interest in their favor, if their intellectual condition were only in keeping with their outward bearing. The Georgian would win the esteem of all the world, did he but unite, with the symmetry of his person and the

energy of his character, a taste for useful occupation and the laudable improvement of the faculties of his mind; while the women of Georgia would be admitted on all hands to have just claims to the possession of the highest order of female loveliness, did they not prematurely impair the advantages which nature has so lavishly bestowed upon them, by the immoderate use of cosmetics, of apparel prejudicial to their health, and by their reckless licentiousness, instead of directing their thoughts to the regulation of their households, to economy, cleanliness, the education of their children and the other duties proper to their sex."

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*New York State Lunatic Asylum.*—Dr. Brigham, in his Third Annual Report, states that at the beginning of the past year the number of patients at the Asylum was 260; admitted during the year, 293; total number in the course of the year, 553. Of this number there have been discharged, recovered, 135; improved, 78; unimproved, 34; died, 21. Total discharges during the year, 268; remaining in the Asylum Nov. 30, 1845, 285. Of the patients discharged improved, he remarks—

"Among the improved, we have classed a considerable number who were nearly well when they left. Several of these we have since learned have continued well. It is occasionally very difficult to decide when a person who has been affected by insanity, has entirely recovered. Some appear to be well soon after they come to the Asylum. Removed from their cares and troubles, and the exciting causes that tend to perpetuate their mental disorder, they become calm and rational; yet such are very apt to relapse if they return early. But others become nearly well at an asylum and then remain stationary. They cannot be considered entirely recovered, as they remain irritable or eccentric; yet not unfrequently such persons recover on returning home. We have known many instances of this, and the present year several striking cases of the kind have come to our knowledge. While, therefore, as a general fact, patients are apt to be removed too soon from an asylum, some we are convinced are kept longer than is necessary. But as we have said, it is difficult always to discriminate correctly; though we are in favor of giving a patient who has nearly recovered, and then remains stationary several months, a trial at home."

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*Lithotomy.*—Prof. J. M. Bush, of Lexington, Ky., in a paper on this subject in the *Western Lancet*, thus speaks of Professor Dudley's unparalleled success in the performance of this operation.

"The American Lithotomist has had presented to him 188 subjects, 185 of whom have been operated upon; two did not obtain the use of his knife, because both, on reaching Lexington, had already felt the wearing-out influences of large calculi to such a degree, that they survived but a few days. One at the time was undergoing preparation for the operation. Here, then, is a large number of calculous patients, of all ages, and both sexes, coming to Prof. Dudley from every quarter of the widely extended range of the Mississippi valley; and I have seen patients who were in this list the subjects of such intense agony, with purulent and sanguineous discharges from the bladder, indicating, without any reasonable doubt, the extensively ulcerated state of that organ, so far relieved by the medical treatment, with a view to the operation, that they were almost willing to return home without this unconditional and final remedy.



"These facts render it necessary to correct the impression of Dr. Willis, that Prof. Dudley is *remarkably select* in his cases for the knife; and it is important for the profession to understand, that his success depends chiefly upon the principle—which he more extensively recognizes than any surgeon living or dead, with whose history I have an acquaintance—of the *thorough preparation of the general system preparatory to the operation*; an account of which is detailed in my former paper on lithotomy.

"It is not, then, that he selects the favorable cases from among the unpromising, and thus secures his extraordinary success; but he receives *all*, and according to the necessities of individual cases, they receive his services as physician previous to his operative treatment as surgeon. In these principles, are based his unprecedented triumphs in all his operative surgery; and, recognizing the same rules, every surgeon might promise the same success to that afflicted class of patients who are the subjects of stone in the bladder."

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*Medical Miscellany.*—At the commencement at Geneva, N. Y., Medical College, addresses were made by Dr. Webster, of Rochester, N. Y., and President Hale.—The U. S. Marine Hospital funds for the support of the institution at Newport, R. I., are represented to be entirely exhausted.—Dr. Lewis, Marine Hospital surgeon, Mobile, is preparing a history of medicine and the condition of the science in that section of the country.—Mrs. Zebra Pollard recently died at Halifax, at the age of 114 years.—Dr. Parrott, professor of Philosophy in the University of Dorpat, whose account of his Journey to Mount Ararat has just been published in London, says that the Kalmuk tribes, with which he fell in, "make no use of vegetables whatever, not even of the herbs of the steppe, or of fruits, but subsist entirely on animal food."—It is strange that copies of the Pocket Atlas of the descriptive anatomy of the human body, recently republished by the Harpers, of New York, from the Paris edition, is not to be had in Boston.—Preservation of Health, by Dr. Warren, has gone to another edition.—Dr. J. W. Monette, of Natchez, has a history of the Mississippi Valley, nearly ready for the press.—Jacob Sax, of Gilboa, N. Y., died in consequence of running a sliver under his thumb nail.

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MARRIED,—At Glen, N. Y., Dr. W. H. Biggam, of Charleston, to Miss Anna H. Paulson.

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DIED.—At Helena, Arkansas, Dr. Jenniper, killed by a Dr. Grant.—At Bladensburg, Dr. David Johnson, of Elizabeth City, N. C., killed in a duel.—At Laporte, Indiana, Mr. Henry Flint, a medical student, of Fayetteville, N. Y. The medical class of the University, together with the faculty, attended the funeral in a body.—At Copenhagen, Dr. Christian Fenger, Director of the Royal Academy of Surgery, Chief Surgeon of the King of Denmark, and author of many professional works.

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Number of deaths in Boston, for the week ending Feb. 14. 47.—Males 27, females 20. Stillborn, 6. Of consumption, 8—smallpox, 4—croup, 3—infantile, 5—inflammation of the lungs, 3—inflammation of the stomach, 1—inflammation of the bowels, 1—scarlet fever, 1—throat distemper, 1—childbed, 2—dropsy on the brain, 1—dropsy on the chest, 1—lung fever, 5—old age, 1—disease of the liver, 1—convulsions, 2—disease of the heart, 1—erysipelas, 1—apoplexy, 2—hooping cough, 2—accidental, 1. Under 5 years, 22—between 5 and 20 years, 3—between 20 and 60 years, 15—over 60 years, 7.

*The Bloomingdale Asylum for the Insane.*—From Dr. Pliny Earle's last Annual Report we make the following extracts.

"The year was commenced with 104 patients, of whom 54 were males and 50 females. Since that time, 138 cases, of which 71 were males and 67 females, have been admitted, making the whole number of cases under treatment during the year 242, of which 125 were males and 117 females.

"One hundred and thirteen cases—58 males and 55 females—have been discharged. Seven males and 5 females have died, leaving now in the Asylum 117 patients, of whom 60 are males and 57 females.

"Of the cases discharged, 61 were cured, 12 much improved, 20 improved and 20 unimproved, being discharged at the request of their friends.

"The admissions in 1845 were 30 per cent. greater than in 1844, and 62 per cent. greater than in 1843. Notwithstanding this important increase, the deaths have been fewer. There were 14 in 1843, 13 in 1844, and 22 in 1845.

"The number of patients admitted during the past year, as compared with the annual admissions for several of the preceding years, being assumed as the data upon which to found an opinion, the necessary inference is, that mental disorders are increasing. Whether the increase be in a greater ratio than that of the population of the city and its adjacent country, is a proposition which cannot easily be demonstrated. However this may be, it is an unquestionable fact, that the exciting causes of mental alienation were never, in time of peace, more active, among any people, than at the present day among the inhabitants of the United States; and particularly so in the States which, bordering on the Atlantic, were the earliest peopled by European emigrants.

"Intoxicating liquors are so cheap that the labor of a few hours will procure enough to addle the brain for a week, and prevent the healthy exercise of reason perhaps a much longer period. The avenues to wealth, place and power are open to all; the child of the cottager thus entering into the strife of competition with the son of the most wealthy citizen. The progress of civilization and refinement, and the comparative ease with which the products of both nature and art in every quarter of the globe are here obtained, have a direct tendency to foster a luxurious life. Hence human desires and human wants are greatly multiplied, while both mind and body are exerted to the utmost power of endurance to gratify the former and supply the latter. The almost unavoidable effect of the artificial mode of living thus produced, is either a debility of the system, or an augmentation of nervous excitability, either of which facilitates the invasion of mental disease."

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*Suicide, when does it Vitiates a Policy of Life Insurance?*—It seems to us, that the phraseology of the policies of our different life insurance companies is not sufficiently precise and definite to prevent difficulties, in all cases of self-destruction. That, for example, of the "Mutual Benefit Life Insurance Company," of this city, reads thus, "or, in case he shall die by his own hand." Now, suppose a person kills himself in a fit of insanity or delirium tremens, is the policy void, or will the company expect to pay? A case of this kind has recently been litigated in England, and it was decided, very properly we think, that the act of suicide did not make the policy void.—*New York Journal of Medicine.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 4.

SINGULAR CASE OF PARALYSIS.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 11th of December, 1844, there came to the State Lunatic Hospital an interesting young female, who was represented to have been insane four weeks. She had previously had chorea, and immediately preceding this attack of insanity had had typhus fever. Her age was 15, her countenance very agreeable, saddened by an expression of extreme melancholy, and she was suffering at short intervals with paroxysms of severe headache. She had little appetite, constipated bowels, cold extremities, and amenorrhœa. She remained without much change for some weeks, suffering from headache and pain in the eyes, with a remarkable staring and projection of the eyeballs, during the paroxysms. At the expiration of six or eight weeks she had improved considerably in health and spirits, and the periods of headache were less frequent and less severe, and she appeared decidedly better. Through the winter she improved favorably, regained her cheerfulness and mental activity, and appeared to be gradually convalescing. The headache recurred occasionally, but less severely. She engaged in domestic labor with alacrity, was cheerful in her temper, playful and happy, and extremely lovely in her character. These favorable appearances continued till some time in March, when the affection of the head became worse, and she apparently lost ground, became desponding, lost her appetite and appeared much more ill through the month of April, suffering extremely from headache. During the month of May her sufferings were intense. She was very much confined to her bed, having severe spasms and great prostration of strength. In the course of this month she lost the senses of sight, hearing, taste and smell, and lay for many days in a condition of indescribable distress, often beating her head with great violence, moaning and tearing her hair in agony. With the exception of the motion of her hands she seemed entirely palsied. In this condition she remained some weeks, cut off from all intercourse with the world, and, as she expressed herself afterwards, feeling that she was removed to some dismal dungeon, where she was fed, but saw and heard no one. While she was in this situation, we were expecting daily the occurrence of epilepsy or convulsions, that would terminate her life and end her sufferings. She was not conscious at the time that she had lost her senses, but supposed that she was far removed from light and sound, from human society, and all the comforts of



life. She called most imploringly upon those around her to speak to her, to answer her inquiries, and not leave her to the darkness and the silence of the grave.

Contrary to expectation, she gradually came out of this state, and recognized a few friends by their dress and other external marks. Her mind was gradually restored, but it was a long time before she was conscious that all her senses were gone but feeling, which was found to be very acute. By means of the *manual alphabet*, which she had previously learned, she was taught that she was blind and deaf, and soon by this medium she communicated to her friend that she had lost both taste and smell—which was afterwards verified by satisfactory experiments. She improved in health favorably, but slowly, but never again recovered the senses of hearing or seeing. She could after a while communicate her thoughts by speech, and more or less of the time she could taste and smell; but at times these senses, also, were wholly lost.

The sense of feeling became very acute, and her touch was astonishingly accurate and sensible. She could read the raised letters of the blind alphabet, and soon learned to read the prints designed for their instruction. At this time she was able to walk about, converse, and enjoy intercourse with her friends by the manual alphabet. On the 17th of June she had another attack like the first, and lost the power of speech and all means of intercourse with the surrounding world; suffered extremely from headache, neuralgia, dyspepsia, and palpitation of the heart; had frequent pulse, dry skin, thirst, furred tongue, general distress, loss of appetite, and loss of strength. These paroxysms occurred about once in two months, and lasted two weeks or more. In the intervals she would be cheerful and happy, yet extremely animated in her intercourse with friends and strangers, although she was rarely free from severe headache two days in succession, and had lost her speech, the use of her lower limbs, and had no communication with the world around her, excepting by the sense of feeling, by means of the acute sense of touch, and the use of the manual alphabet. The feet were not only paralyzed, but had lost the sense of feeling, so that needles and pins stuck into them gave her no sensation whatever. When in her best state, by means of a chair on wheels, she could visit all parts of the Hospital, and seemed delighted with everything that came to her knowledge through this solitary medium to the mind.

In October she had another paroxysm of extreme suffering, which lasted for many days; and now, when she got better, her hands were found paralyzed, she had lost the sense of feeling, and was deprived of the only medium of communication left her, the sense of touch and the manual alphabet! Her situation was now more deplorable than ever. She was entirely deprived of the means of communicating with the external world.

A faithful friend, who never deserted her, by great perseverance invented an imperfect alphabet with her fingers on her face, and was able to communicate simple ideas to her in this novel manner. In the course of a few weeks the sensibility of her hands was restored to her imper-

fectly, so that she could again avail herself of the manual alphabet. She continued very comfortable through the month of November and the most of December, enjoying the amusements and festivities of the season very well, notwithstanding the loss of her senses and her speech, and her entire inability to walk. Towards the last of December she had another severe attack, during which the muscles of the neck became paralyzed, and she could never sit up afterwards. From this time she gradually declined, suffered severely from pain, dyspepsia, vomiting, inability to retain food, and emaciation—till death relieved her of her sufferings on the morning of the 4th of February, by a rapid succession of epileptic convulsions.

During all this illness, which she bore with unexampled patience, she retained her mind and was able to communicate with her friends and physician through her accustomed medium, excepting for a few days in the paroxysms before alluded to. After the recovery from the first turn of melancholy, the mind of this patient, in her lucid intervals, was clear and intelligent, her perceptions quick, her wit sparkling and her imagination sprightly. She enjoyed life, and especially society, was able to work ingeniously and skilfully, notwithstanding she was deaf, dumb, blind, had lost the use of her limbs, and much of the time could neither taste nor smell. That the mind should remain unclouded when so large a portion of the brain was involved in disease, and the senses so generally destroyed, is a problem that I am totally unable to solve.

The following were the morbid appearances after death, as found on a *post-mortem* examination, made with care and skill, by Dr Sargent, of this town, assisted by Drs. Bates and Woodward Jr., twenty-four hours after death—furnished from the minutes of the latter.

External appearance of the body, pale and bloodless; lips and extremities of fingers livid; emaciation extreme.

**THORAX.**—*Heart* everywhere healthy, small in size, the walls of the ventricles very thin. Lungs showed miliary tubercles throughout, with strong adhesions of the pleural surfaces at both apices.

**ABDOMEN.**—When the abdomen was opened, the attention was first called to the singular appearance of the omentum. This organ was strongly adherent to the anterior wall of the abdomen, probably, as the sequel will show, from old peritonitis. Upon incision it was found nearly an inch in thickness, hard and firm before the knife, and showing everywhere tubercular infiltration, but no softening. On raising it out of the abdominal cavity, a most singular state of things was observed below; the peritoneal surface of all the organs which were visible, was considerably injected and covered with a coating of recent lymph, which was viscid to the touch, and could be easily scraped off with the knife. Besides this, the whole peritoneum was thickly studded with fine tubercles. The liver was pale in color, of natural size, and healthy, but strongly adherent to the omentum. The stomach showed no marks of disease, excepting that the mucous coat was injected in a few small patches. The spleen was healthy; the pancreas healthy. The mucous coat of the alimentary canal was somewhat injected, but to all appearance healthy.

The mesenteric glands were all enlarged, but none of them softened. The kidneys had each of them a few crude tubercles, of small size in their cortical portion ; otherwise healthy. The bladder and uterus healthy. The ovaries were both extensively involved in tuberculous disease, which in the left organ had gone on to softening.

HEAD.—Dura mater strongly adherent to the bone towards the occiput, most towards the right side, longitudinal sinus distended with very dark blood ; vessels of the pia mater unusually turgid ; surface of the brain healthy in appearance, the convolutions nowhere flattened. The brain was examined by removing thin slices from each hemisphere, going from above downwards, till the ventricles were opened. The remainder was then removed from the skull in a mass, and examined.

CEREBRUM.—Both hemispheres were healthy down to a level with the upper wall of the ventricles, the substance of good color and quite firm. The ventricles contained more than the usual amount of fluid. The remainder of the brain then being torn out of the cranium, was examined from the base. Congulable lymph was effused all about the root of the optic nerves, and also over the corpora quadrigemina. The pia mater was strongly adherent to the brain at this part. In the posterior lobe of the right hemisphere a diseased portion was found, an inch in diameter, which upon examination proved to be a mass of fungoid disease. The substance of the brain all around it was softened, of the consistence of soft butter, of a pale yellow color. The remaining portion of the right hemisphere was healthy. In the anterior lobe of the left hemisphere a similar fungous portion was found, about half the size of the one in the right hemisphere, surrounded by extensive softening of a white color like jelly, and almost transparent.

The cerebrum and medulla oblongata were healthy. The spinal cord was not examined.

This singular case had been treated by leeches, blisters, cathartics, mercurials and cold applications to the head, and finally by morphine during the severe paroxysms of suffering, which very sensibly mitigated the distress. After each of these paroxysms some ground was lost in the case, some new evil presented itself, although in the intervals there was increase of strength and flesh, and indications of returning health. After the first, she lost her sight, hearing, taste and smell. After the second, her speech. After the third, the lower extremities became palsied and insensible ; then the hands, of which she partially recovered ; and finally the muscles of the neck were paralyzed, and epilepsy closed the scene.

The day before her death she was quite sensible and intelligent, and recognized her friends readily by touch. She slept well till near morning, when epilepsy occurred, and she died in about six hours ; during this time only was she insensible.

S. B. W.

*Worcester, Ms., Feb. 16, 1846.*



## BIOGRAPHICAL NOTICE OF DR. EDWARD LAMB, OF MONTPELIER, VT.

[Communicated for the Boston Medical and Surgical Journal.]

THE parentage of Dr. Lamb was respectable. His father, Samuel Lamb, Esq., was for a number of years Town Clerk of Charlton, Mass.; he likewise was a captain in the revolutionary service. His mother was the daughter of Edward Davis, Esq., of Oxford, and sister of Col. Jacob Davis, who commenced the settlement of Montpelier in 1787. Edward Lamb, while young, attended the schools in his native town with good repute, after which he spent some time at Leicester Academy. He likewise studied the languages with the Rev. Mr. Pope, of Spencer. It is understood that the late Judge Paine was fitted for college by the same gentleman. After this preparatory course, Edward Lamb commenced the study of medicine with Dr. Eaton, of Dudley, who was esteemed a well-educated and skilful physician. He passed through the usual course of study as taught in those days, without enjoying the benefit of the schools, but was well approbated by his preceptor. In 1796 he came to Montpelier, and commenced practice among the first settlers of the town. At that time the place must have been quite different from what it now is, and the Doctor was called to pass through many difficulties from which his successors are exempted. Little do the present physicians of this flourishing and populous town, know of the hardships he had to encounter during the early part of his practice. But a small proportion of the inhabitants were then able to pay their physician anything for his services; yet they must be visited, and this, too, by night and by day, whether the roads were bad or whether there were no roads; streams must be crossed, whether there were bridges or no bridges; and when business could not be done on horseback, it must be done on foot. All this must be frequently accomplished without any other remuneration than that of having discharged the duties of humanity. In those days they who were able to pay for medical services were not very punctual to do it. The physician must wait long, and then take what was most convenient in order to satisfy his customers. With such a state of things it is not surprising that a man of Dr. Lamb's easy habits should have had to struggle in poverty, with all its inconveniences, for a long season. These trials would have been sooner overcome, had he not been subjected to an expensive and vexatious lawsuit, growing out of his profession, the details of which are foreign to this notice.

In 1804 he was chosen to represent the town in General Assembly, then sitting in Rutland, which shows the estimation in which he was held by his townsmen at that time; but political life was not his proper sphere. He chose to devote himself to the duties of his profession, and this he did, with an occasional interruption, for nearly half a century. Many were the epidemics he was called to encounter during this long period, and it was in the treatment of these that his skill was most conspicuous. The dysentery of low type of 1806, spotted fever of 1811 and 1812, pneumonia typhoides of 1813 and 1814, scarlatina, typhus

and typhoid fever of succeeding years, afforded him an ample opportunity for the exercise of his talents; and such was his success in the treatment of these and kindred diseases, as to give general satisfaction, and to gain for him an enviable reputation.

He early learned to distinguish between inflammation and fever, and to regulate his practice accordingly. In determining the type of fever, in noting the symptoms, and in adapting remedies to meet the case, his judgment was uncommonly good. His prognosis was generally correct. His own death was caused by a slow bilious fever operating upon a worn out constitution, for which he prescribed with his accustomed skill for ten days, when he became convinced that he should die near the fourteenth day of the fever, which event took place as he had predicted.

Dr. Lamb's treatment of fever was rather old fashioned, but may not be less successful on that account. Untrammelled by system, and a close observer, he made every case to rest upon its own merits. Not only in the commencement but in the progress of the fever, he was thorough in the use of evacuants. Emetics, cathartics and sudorifics were his favorite remedies. With these were frequently combined the diffusible stimulants. In his hands this practice was safe and judicious. The shock given to the system by an emetic, whenever it can be tolerated, attended with an evacuation of the stomach, and a consequent relaxation of the capillaries, acts powerfully in overcoming febrile action. If a temporary debility sometimes ensues, it is readily overcome by the administration of diffusible stimulants, or other appropriate remedies. No physician, it is presumed, ever gave more emetics than Dr. Lamb, but they were well chosen, well timed, and used in such a manner as to meet the condition of the system. His favorite emetic was ipecacuanha and sulphate of zinc combined. Sulphate of copper was sometimes preferred to the zinc, especially if the lungs were affected. To give a specimen of the doctor's prescribing, the following case, reported for the County Medical Society in 1821, is selected. "I was called to visit a patient in consultation with a neighboring physician, who had been sick about fifteen days with the epidemic typhus fever. I found the patient in a state of collapse. His symptoms were strongly typhoid, such as delirium, reaching after motes in the air, picking the bedclothes, and subsultus tendinum; in fine, he labored under nearly all the bad symptoms of malignant typhus in the last stage. My prescriptions were as follows. I first gave an emetic of sulphate of zinc and ipecac., and directed the same to be repeated every other day through the whole course of the disease. I also directed small doses of calomel to be given three times a day, unless his mouth should become sore, in which case James's powder and camphor were to be substituted. I likewise advised a powder composed of gm. opium, musk, camphor and ipecac., to be given every four hours while his delirium lasted, the vol. fetid tincture to be given occasionally instead of the above powder. If the calomel failed of moving his bowels daily, castor oil was to be given for that purpose. Brandy and flies were applied externally. Nothing relieved him so much as the emetics. After his bad symptoms subsided, and the fever had left him, we pursued the common course, and the patient got well."

That Dr. Lamb was a man of very respectable acquirements, not only in his profession but in general knowledge, cannot be denied. He possessed an uncommon memory. The names and history of distinguished individuals were more familiar to him than to most men; but he was far from being an universal genius. He never acquired much celebrity in his profession, except in the treatment of fever. In practical surgery he could neither perform its minor operations or use much manual dexterity in any case whatever. Indeed, the doctor was quite peculiar in every sense of the word. His oddities appeared, no doubt, less striking to his friends and acquaintances than to strangers. The writer of this notice very well remembers what were his impressions on his first introduction to him in 1814. At that time he was a representative of the town in General Assembly. His humorous conversation and exhaustless fund of anecdote rendered him quite amusing and attractive. A story to serve as an illustration was ever at his command, and was always told in good style. Among the sick it is thought that his *capital story* as often relieved a paroxysm of pain as did his anodyne. He generally left his patients in better spirits than he found them.

The Honorary Degree of Doctor in Medicine was conferred upon him in 1824 by the Castleton Medical Institution, when connected with Middlebury College. At this time he had surmounted, in a great measure, the difficulties of the profession, and a happier day dawned upon his hitherto vexed life. From the commencement of his practice in 1796, until near the period of his death, although he mingled in and took a part in the prevailing topics of the day, his time was principally devoted to medical pursuits. The good of the profession ever lay near his heart. Quackery in all of its forms received from him many a cutting rebuke. He likewise lashed the vices of the day, and was ever found on the side of good morals. Some things in his life we could have wished had been otherwise. It is to be regretted that he was so seldom seen in the sanctuary, and that he should neglect to secure to himself all the blessings of the christian religion. This negligence may well be deplored; but let it be remembered, we are called upon to follow his example so far as it is worthy of imitation, and no farther. No one will look to Dr. Lamb as a model. With all his imperfections, it may be maintained that he possessed traits of character worthy of record; that in one department of his profession, at least, he excelled; that in private life he was inoffensive and honest-hearted; that he was a man of sound sense and good judgment; that his moral sense made him equally opposed to infidelity and bigotry; that during a long and useful life, he was ever found on the side of wholesome law and good order; and that his memory is worthy of being cherished by surviving friends and a grateful public.

That the doctor was culpably negligent in the management of his worldly concerns, no one will doubt. A settlement of his accounts, whether the balance was in his favor or against him, was equally his aversion. As might be expected, such a man must be a poor pay master. He had become so familiar with a *dun*, as to care little about it. A fumbling of the pockets, thereby showing a willingness to pay if he had the ability,



## MEDICAL MATTERS AT THE WEST.

*Indiana Medical College (Laporte), Jan. 28, 1846.*

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—I propose to give you some little notice of medical matters at the West, thinking that perhaps it might interest some of your readers to be informed, from time to time, of the progress of our profession in this region. First, then, of our Medical College. It is the only Medical School in the State of Indiana, containing a population of more than 800,000 inhabitants. Michigan has a population of between 4 and 500,000, without a medical school; and Illinois, also, lying contiguous, with a population of between 6 and 700,000; and these States, rapidly filling up with inhabitants, besides the two Territories of Wisconsin and Iowa, to be supplied with physicians from some source. It becomes, then, a matter of serious inquiry, How are these States to be supplied with intelligent and skilful physicians and surgeons? The Eastern schools do not as yet furnish the requisite number; for every year, during the prevalence of fevers, everything bearing the cognomen of doctor is fully employed. This state of things has given encouragement to quackery, and hence the most barefaced pretensions have been encouraged to embark in all branches of the profession, and have in many instances been richly rewarded by a golden harvest in dollars and cents. The well-educated physician from the Eastern schools has often found himself eclipsed by the mere pretender, whose only knowledge was that quinine and calomel sometimes cured fevers; and, humiliated and chagrined at his want of success on his first commencing practice at the West, has retired from the profession in disgust, or finds fault with what he may think a want of appreciation on the part of the people.

Now a word to the young man commencing business West. In the first place, he must keep in view that most of the diseases that he meets with are either of a malarious origin, in the shape of fevers, or so modified by malaria as to present peculiarities which ought to be kept closely in view. The treatment of a disease so universally under the influence of this all-pervading cause, will stagger all his preconceived notions on the subject, and hence his reading and his teaching hitherto will be found to avail him little. He has a case of pleuritis. He bleeds, gives tartar of antimony liberally, purges his patient, blisters—in short, puts in practice the whole round of antiphlogistic remedies, and just at the time the patient ought to get well, according to books and lectures, all at once a sinking of the patient comes on unexpectedly, the pulse fails, and a fatal collapse is the result. What is the cause of this unexpected termination? will be the inquiry. Why, the question is easily answered. There is a foe in ambush, ready on all occasions to enter the breach made in the constitution by disease. That foe is malaria, disguised in every possible form, lurking about the weak points of the system, to seize the favorable opportunity to enter and complete the work already begun.

In order to treat the diseases successfully at the West, it is necessary that the physician be well versed in this matter, and therefore it is desira-

ble that strict attention be paid to this particular branch of his education ; that this instruction be accompanied by clinical examinations of cases of fever under the immediate supervision of the Professor of Theory and Practice, who should be a man of great experience and acknowledged skill in the treatment of these diseases. This is one reason why it is desirable that young men, who expect to practise medicine in the West, should be educated on the spot.

What are the facilities for teaching medicine there ? is the next inquiry. There are a great number of young men, enterprising, talented, and desirous of embarking in the profession ; but the distance from medical school's prevents them, or they embark in practice without proper qualifications, and are, in fact, no better than quacks. Our medical school was founded on this principle—the wants of the citizens of Indiana ; and under a liberal charter from the State, commenced with a small class four years ago. It is but two years, however, since the present faculty was organized, and this winter we have a class of between 60 and 70 students, and 17 candidates for graduation. Our college is located in the beautiful village of Laporte, about 250 miles south-west of Detroit, and 80 east of Chicago, surrounded by a fertile agricultural country, and a dense population.

With regard to the facilities of teaching, we have a commodious building, well arranged lecture rooms, &c., and an anatomical museum, which is increasing under the industrious efforts of our indefatigable Professor of Anatomy. Our *chemical* apparatus is respectable, and sufficient to illustrate that branch of science in its improved state. With respect to the facilities of teaching anatomy, I would observe that the *materiel* is abundant, so much so that every student who desires it can be furnished with subjects for dissection at a price which he can well afford to meet. It might be supposed that there would be a want of the proper facilities for teaching the practical parts of surgery ; but this is not so, by any means. For the number of surgical operations which the class have witnessed during the present session has been quite numerous, and in this respect will challenge comparison with many of the old schools. There has been one amputation of the thigh, three of the leg, one of the foot, one for club-foot, and the removal of several large tumors, operations on the eye, and a great many minor operations, together with clinical instruction in this department ; and these operations must increase as it becomes generally known to the surrounding country that such facilities exist. In view of these things, we feel quite confident that our school will succeed, for it is founded on the wants and wishes of the people, who have too long been infested with a set of merciless, ignorant quacks.

A society has also been organized here, styled the *North Western Academy of the Natural and Medical Sciences*, for the cultivation of medical and scientific subjects. About eighty members have already united with it, and it is in contemplation to publish a monthly journal devoted to medicine and its auxiliary branches. From this you will see that there is something more going on West than the raising of wheat and pork, and speculating in Western lands.

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To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I propose to give you some little notice of medical matters at the West, thinking that perhaps it might interest some of your readers to be informed, from time to time, of the progress of our profession in this region. First, then, of our Medical College. It is the only Medical School in the State of Indiana, containing a population of more than 800,000 inhabitants. Michigan has a population of between 4 and 500,000, without a medical school; and Illinois, also, lying contiguous, with a population of between 6 and 700,000; and these States, rapidly filling up with inhabitants, besides the two Territories of Wisconsin and Iowa, to be supplied with physicians from some source. It becomes, then, a matter of serious inquiry, How are these States to be supplied with intelligent and skillful physicians and surgeons? The Eastern schools do not as yet furnish the requisite number; for every year, during the prevalence of fevers, everything bearing the cognomen of doctor is fully employed. This state of things has given encouragement to quackery, and hence the most barefaced pretensions have been encouraged to embark in all branches of the profession, and have in many instances been richly rewarded by a golden harvest in dollars and cents. The well-educated physician from the Eastern schools has often found himself eclipsed by the mere pretender, whose only knowledge was that quinine and calomel sometimes cured fevers; and, humiliated and chagrined at his want of success on his first commencing practice at the West, has retired from the profession in disgust, or finds fault with what he may think a want of appreciation on the part of the people.

Now a word to the young man commencing business West. In the first place, he must keep in view that most of the diseases that he meets with are either of a malarious origin, in the shape of fevers, or so modified by malaria as to present peculiarities which ought to be kept closely in view. The treatment of a disease so universally under the influence of this all-pervading cause, will stagger all his preconceived notions on the subject, and hence his reading and his teaching hitherto will be found to avail him little. He has a case of pleuritis. He bleeds, gives tartar of antimony liberally, purges his patient, blisters—in short, puts in practice the whole round of antiphlogistic remedies, and just at the time the patient ought to get well, according to books and lectures, all at once a sinking of the patient comes on unexpectedly, the pulse fails, and a fatal collapse is the result. What is the cause of this unexpected termination? will be the inquiry. Why, the question is easily answered. There is a foe in ambush, ready on all occasions to enter the breach made in the constitution by disease. That foe is malaria, disguised in every possible form, lurking about the weak points of the system, to seize the favorable opportunity to enter and complete the work already begun.

In order to treat the diseases successfully at the West, it is necessary that the physician be well versed in this matter, and therefore it is desira-



ble that strict attention be paid to this particular branch of his education ; that this instruction be accompanied by clinical examinations of cases of fever under the immediate supervision of the Professor of Theory and Practice, who should be a man of great experience and acknowledged skill in the treatment of these diseases. This is one reason why it is desirable that young men, who expect to practise medicine in the West, should be educated on the spot.

What are the facilities for teaching medicine there ? is the next inquiry. There are a great number of young men, enterprising, talented, and desirous of embarking in the profession ; but the distance from medical school's prevents them, or they embark in practice without proper qualifications, and are, in fact, no better than quacks. Our medical school was founded on this principle—the wants of the citizens of Indiana ; and under a liberal charter from the State, commenced with a small class four years ago. It is but two years, however, since the present faculty was organized, and this winter we have a class of between 60 and 70 students, and 17 candidates for graduation. Our college is located in the beautiful village of Laporte, about 250 miles south-west of Detroit, and 80 east of Chicago, surrounded by a fertile agricultural country, and a dense population.

With regard to the facilities of teaching, we have a commodious building, well arranged lecture rooms, &c., and an anatomical museum, which is increasing under the industrious efforts of our indefatigable Professor of Anatomy. Our *chemical* apparatus is respectable, and sufficient to illustrate that branch of science in its improved state. With respect to the facilities of teaching anatomy, I would observe that the *materiel* is abundant, so much so that every student who desires it can be furnished with subjects for dissection at a price which he can well afford to meet. It might be supposed that there would be a want of the proper facilities for teaching the practical parts of surgery ; but this is not so, by any means. For the number of surgical operations which the class have witnessed during the present session has been quite numerous, and in this respect will challenge comparison with many of the old schools. There has been one amputation of the thigh, three of the leg, one of the foot, one for club-foot, and the removal of several large tumors, operations on the eye, and a great many minor operations, together with clinical instruction in this department ; and these operations must increase as it becomes generally known to the surrounding country that such facilities exist. In view of these things, we feel quite confident that our school will succeed, for it is founded on the wants and wishes of the people, who have too long been infested with a set of merciless, ignorant quacks.

A society has also been organized here, styled the *North Western Academy of the Natural and Medical Sciences*, for the cultivation of medical and scientific subjects. About eighty members have already united with it, and it is in contemplation to publish a monthly journal devoted to medicine and its auxiliary branches. From this you will see that there is something more going on West than the raising of wheat and pork, and speculating in Western lands.

We have had epidemic erysipelas here to some extent this winter. Last spring we lost one pupil out of our class with this disease, and another has fallen a victim this year; the latter case was one of great malignity. He was taken with sore throat and violent fever, with extreme pain in his head and back. The fourth day the eruption came out on his face, and spread rapidly over his face and scalp. He became delirious on the seventh day, and died on the ninth, comatose. He was a very plethoric young man, with a short neck, large cerebrum, and full chest. He was bled freely in the first stage of his disease, took cathartics, saline diaphoretics, and had the nitrate of silver applied freely to the inflamed skin and swollen tonsils and fauces. The *autopsy* exhibited strong marks of cerebral congestion of the vessels of the pia mater, but no effusion, or anything that would denote the least amount of inflammation or organic changes in the brain. Our Professor of Theory and Practice is now convalescing from the same form of disease. He was taken while attending this young man, had an attack of rigors, followed with fever, sore throat and pain in the head. This continued for a week, when the pulse came up to 130, and continued so until the eleventh day of the disease, when there was a striking exacerbation in the fever, and the eruption came out on the nose and spread very slowly over the face and scalp. The pulse at one time went as high as 160 per minute, and it was rarely less than 130 for several days. He is a strong, muscular and plethoric man; and throughout the first stage of the disease, the muscular strength remained tolerably good, and the day before the eruption appeared on the face, he actually rode out, against the strong remonstrances of his friends. There was a kind of mental aberration, however, which probably gave him artificial strength at the time. We used powerful depletion the first and second day of the attack, by bleeding him from forty to fifty ounces each time, and when the erysipelatous inflammation appeared on the face, applied the nitrate of silver freely over the surface. One or two other young gentlemen of our school are down with the disease, but they are not dangerous cases; but anginous affections are very prevalent, showing that the atmosphere is contaminated with the epidemic principle. In other respects the country is now extremely healthy, and there has been but little of the usual accompaniments of a changeable winter, viz., coughs, colds and bronchial inflammations. The winter set in early, and with a severity unusual here; but the month of January has been very mild, and at this time the ground is free from snow or frost.

Very respectfully, yours, A. B. SHIPMAN.

#### TOOTH EXTRACTOR—A NEW INSTRUMENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE peculiarities of this instrument may be summed up as follows. The shaft of the instrument is single, from the cross that forms the handle, until within an inch and a fourth from its distal extremity, when it diverges with a gradual curve, and forms a compound lever, with two parallel

branches, the ends of which are prepared with shoulders to enter corresponding round sockets. One of these is midway in the fulcrum, formed like the Italic letter *c*, the concave face of which looks towards the tooth; the other in the hook, which is formed with a concave and convex surface, the superior portion of which is united by a cross-bar with the corresponding portion of the fulcrum, and forms the body of the instrument, which is retained, in connection with the branches of the shaft, by a depression from the end to its union, which is filled with a spring, having a jutting face upon its distal extremity, which springs upon the face of the hook. With a knowledge of the structure of this instrument, its operation will at once become apparent, and its superiority over the varieties now in use; causing less pain to the patient, and rendering the extraction of the most difficult tooth easy to the operator. Its peculiar construction adapts it to the various forms and diameters of the teeth, however much they may be decayed; as it raises the tooth directly upwards without spreading or enlarging the cavity more than is absolutely necessary for the escape of the roots, which it effects with a steady, uniform motion, making the root the basis upon which rests the fulcrum.

E. R. SMILIE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1846.

*Massachusetts State Lunatic Asylum—Dr. Woodward's Thirteenth Report.*—So completely is the medical superintendent of the State Lunatic Hospital identified with the institution, that, as a matter of course, the people of Massachusetts associate his name with it, and, as regularly as the revolution of the seasons, expect to have his annual report. In it, too, we always look for something original, as an evidence of his devotion to the daily comfort of the multitudes of unfortunate fellow beings placed under his care. Every one who can borrow, beg or buy this interesting document should read it. It gives a graphic insight into the condition of those who see angels at the window; who hold conversations with cherubs; chat with the devil, or hold converse with the dead. The case of the orphan girl of fifteen, some account of which may be found in to-day's Journal, keeps one in a state of excitement beyond the power of fiction. Finding it quite difficult the present week to say as much as the subject demands, in regard to the past year's report to the Legislature, we purpose to resume the topic again, or give extracts from the report.

*New Hampshire Asylum for the Insane.*—This institution is located on an eminence half a mile west of Main street, Concord. The situation is one of unrivalled beauty, commanding a prospect embracing the State House and public buildings, with a panoramic view of the rich valley of



the Merrimac and the adjacent country for many miles in circuit, and for salubrity is not exceeded. The arrangement of the buildings is every way perfect, and admirably adapted to their designed purpose, equally fitted to the more quiet and sensitive, as well as the violent and noisy.

The Asylum is fully supplied with intelligent and faithful attendants, and every essential means of exercise and recreation. The method of treatment adopted is that which modern science inculcates for the unfortunate insane, viz., a kind and sympathizing attention, restoration of the healthy bodily functions, constant mental occupation and varied amusements. A farm of 120 acres affords, for such as choose it, one of the most efficient means of recovery—agricultural labor.

This institution has been in operation three years, during which time it has received 320 patients. Its annual reports have demonstrated that of recent cases about nine-tenths recover, and of the chronic cases from one sixth to one fourth. The prospect of recovery is nearly in direct ratio with the duration of the malady.

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*Massachusetts State Prison.*—In addition to the statistics from Dr. Bemis's Report which we have already given, the following suggestions are copied. Dr. B. is a judicious medical officer, and his recommendation to the Legislature will doubtless procure the improvements alluded to.

"Connected with the health of the prison, I beg leave to mention two subjects which I deem important to receive attention; a better ventilation of the sleeping cells, and more complete apparatus for bathing.

"The defect of the former seems owing to the mode of construction of the night prison, in not having larger outer windows. The deficiency in question is only felt in the extreme heat of summer. To this cause in part is attributable the diarrhœa which quite a number experienced a slight attack of, as above noticed. This subject has received the attention of the warden; but at present I understand he considers it doubtful whether a remedy can be afforded without a substantial alteration of the prison structure.

"In regard to the matter of bathing, no argument need be used to show that an occasional bath of warm water, during the cold months of the year, would conduce as much to health as to cleanliness. At present, the prison is without this useful and salutary convenience, and therein is behind the better ordered arrangements, in this respect, of a prison on the solitary system of another State.

"The beneficial operation of the establishment of the Board of Commissioners on Lunacy, to investigate cases of insanity in the prison, has had but little occasion to display itself during the past year. No instances have occurred requiring a removal of an insane prisoner to the State Lunatic Hospital. But I have been glad to avail myself of their advice in one instance, where, though I was persuaded of the insanity of the convict, I thought fit to yield to the prisoner's own request, and permit him to return to labor. This was after he had become tranquil, and when employment would obviously be better for his health than confinement. At the meeting of the Commissioners, the others were of the same opinion, and the convict soon regained his health.

"It must be obvious, however, that the co-operation of skilful and scientific physicians who have devoted an exclusive attention to the intricate

subject of insanity, must be of great advantage in judging of the responsibility of those who are made the subjects of prison punishment, and of the expediency of their removal."

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*The Elements of Surgery.*—The second volume of the American edition of Velpeau's New Elements of Operative Surgery, translated by P. S. Townsend, M.D., of New York, has been completed—and a magnificent undertaking it is, redounding to the honor of the indefatigable translator, whose perseverance is creditable to the country. He has given to the profession of the United States, a grand system, emanating from a source at once commanding the confidence and the respect of all who practise surgery. When the fact is known that this massive series of three octavos—another being in a state of preparation—are illustrated by over three hundred engravings incorporated with the text, accompanied by an atlas in quarto, of twenty-two plates, representing the principal operative processes, instruments, &c., it will be acknowledged that it embraces the entire domain of surgery, from alpha to omega, and must be considered as an unrivalled production.

Of the character or capabilities of M. Velpeau, nothing is required to be said, to induce any one to patronize this enterprise of the Messrs. Langley, the New York medical publishers.

In addition to the affixes already enumerated, to this extensive treatise, there is an admirable accompaniment on minor surgery, besides several hundred pages of new matter, comprising all the latest improvements and discoveries in surgery, in America and Europe, up to the present time. This has been prepared under the supervision of Dr. Mott, who has contributed to the whole both notes and observations. We look forward with some considerable anxiety for the concluding volume, and shall not fail to explain to those who have not yet examined any part of Dr. Townsend's laborious task, those excellencies which give value to his translation.

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*Homœopathy, Allopathy and Young Physic.*—Messrs. Lindsay & Blakiston, of Philadelphia, have brought out a neatly-made half-pamphlet-and-half-book, of 121 duodecimo pages, bearing the above title. It is a re-print from an article in No. XLI. of the British and Foreign Medical Review, without note or comment by any American physician.

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*Braithwait's Retrospect.*—Part 12th, of the uniform New York edition, is ready for the profession. In Boston, Messrs. Jordan & Wiley, 29 State street, are the agents. No re-publication from the European press has been better received by medical men, than this Retrospect of practical medicine and surgery.

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*Ranking's Half Yearly Abstract.*—Part II. of an abstract of the medical sciences, by W. H. Ranking, M.D., which emanates from the press of those enterprising men, J & H. G. Langley, New York, ending with Dec., 1845, is ready both for purchasers and subscribers at Ticknor & Co.'s in Boston, and everywhere else where medical books are on sale. This is a valuable publication, embracing the pith and marrow of all the

highest class of periodicals in Europe. It is, as it claims to be, a practical digest of the principal British and continental medical works, published in the preceding six months. There is, moreover, a series of critical reports on the progress of medicine and the collateral sciences, during the same period of six months.

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*Materia Medica in Rhyme.*—A warm advocate for the Thomsonian practice, has communicated a poem to the Botanico-Medical Recorder, that must have been taken with a wry mouth by the editor. However, he evidently wished to oblige a poet who sings on the major key in praise of a system that is invariably lauded in proportion to one's ignorance. Here is a specimen.

"Botanic remedies were designed,  
To heal the body and soothe the mind.  
Let every tongue and every pen,  
Proclaim the virtues of cayenne.  
Nor will we fear to use it freely;  
Nor value less the good lobelia."

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*Manual of Health.*—In Boston a quarto sheet appears occasionally, bearing on its frontlet—"Manual of Health and Counterfeit Detector"—purporting to be published simultaneously at Philadelphia, New York and Boston. It has nothing to do with the subject of preserving health, as far as we can discover; on the contrary, the burden of its efforts is to praise certain pills—the fewer of which any one takes, the better off he will be.

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*Claims of the Temperance Reformation.*—An uncommonly dignified and persuasive address to the people of Massachusetts, on the present condition and claims of the temperance reformation, has recently been published by the association known as the Massachusetts Temperance Union. Seeing upon the title page the names of the President of Williams College, Hon. Samuel Hoar, and Dr. Woodward, of Worcester, we were induced to give more than ordinary attention to the address. It emanates from a high source, and cannot fail to command the respect of all men who love order, health and happiness. No class of persons understand the necessity of temperance better than physicians, and we feel quite sure that their untiring and unflinching efforts will always be in favor of the cause that is doing so much for the moral and physical reformation of those who have loved strong drink.

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*The Water Workers.*—Our ancient anti-animal-diet friend, Dr. Alcott, has finally moored his barque where so many of his fellow voyagers of the chestnut-pudding school have cast anchor, viz., in the harbor of hydrophathy. It seems, from an editorial notice in the Lynn Pioneer, that he has translated from the German of C. Ritter, "The Water Cure for debilitated Young Men, addressed to Fathers," to which he has added notes, critical and explanatory. If the doctor has fairly fallen overboard, without being drowned, he will unquestionably go to the death for water. His mind was long ago made up that it was not made to drink. We like his honesty of purpose, perseverance and good nature.



*Medical Matters at the South.*—Preparations appear to be on the tapis at Louisville, Ky., for a university, which will embrace the Medical Institute as one of its departments. The City Council have had a long talk about the charter.—In the Legislature of Tennessee, a bill was taken up on the 21st ult., to amend the laws in relation to the Lunatic Asylum at Nashville.—In that same city, according to one of the papers, a fear has been prevalent that smallpox had appeared, but the principal physicians of the place quieted the public mind on that subject. In the mean while, the mayor has published certain observations, followed by an article that appeared in the Albany Evening Atlas, Nov. 5, 1824, by one Dr. Moses Younglove, who recommended new milk in the treatment of the disease—or a dose of flour of sulphur. The leading idea is to keep the patient stuffed full of milk or brimstone!

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*Boylston Medical Prizes.*—The premiums for dissertations have this year been assigned by the Committee to the following gentlemen.

The two first prizes to Mr. James Winchell Stone, Boston, for a dissertation on "Hygiene," and to Mr. Charles Frederick Heywood, Cambridge, Mass., for a dissertation on "Necrosis."

Second prize to Mr. John Call Dalton, Jr., Lowell, Mass., for a dissertation on the "Mechanism of the Thigh, Leg and Foot."

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*Death from Aconite.*—A melancholy event, which has recently occurred to a respected member of our profession, forcibly sets forth the danger, not only of those who incautiously undertake the management of severe disease existing in their own person, but also of the venturing, without sufficient care, on the administration of powerful medicinal agents, with the operation of which we are but imperfectly acquainted. Dr. Male, of Birmingham, recently fell a sacrifice to these practices. He had been reading a work in which was recommended a new and powerful agent (aconite) for the removal of deep-seated neuralgic pains, and having been suffering of late from an affection of that kind, which had resisted the ordinary means for its removal, he was induced to try upon his person the powers of the remedial agent recommended. Not sufficiently mindful of his age, Dr. Male took the tincture of aconite in doses, the accumulation of which produced an alarming depression of the nervous system, from which he was ultimately unable to rally, and thus fell a victim to that want of a due appreciation of the circumstances of his own case, so common, we may add, amongst medical men when treating themselves, combined with the incautious use of a powerful drug, with the operation of which he was but imperfectly acquainted. This unfortunate case should prove a warning to every medical practitioner, as well in the pursuit of his professional avocations, as in inducing him, when himself suffering under serious illness, to have recourse to the advice of some brother practitioner.—*Provincial Medical Journal.*

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*Effects of the Vapors of Zinc on the Animal Economy.*—M. Blandet has called attention to the symptoms inherent to the operations of the working of copper. These symptoms, not heretofore noticed, are mani-

fested in the afternoon of or morning after the melting days. The following are the principal symptoms: lassitude, muscular pains, oppression, headache, vomiting, shivering fits, continuing for three or four hours, and ending in copious perspiration and febrile reaction. These symptoms appear to be the effect of poisoning by zinc, which enters largely into the composition of bronze, brass, &c. The high temperature to which these alloys are submitted, in order to reduce them to fusion, explains why these effects are developed in the factories of which we speak, although they are not ordinarily observed in zinc foundries, where the temperature is not raised so high as to volatilize the metal. The vapors of zinc, carrying off a small portion of copper, being oxidized in contact with the air, fill the work room, and are deposited on the wall; it is under this finely divided form of oxide that the metal penetrates with the air into the respiratory organs. The malady produced by zinc does not last longer than from twenty-four to forty-eight hours.

Diaphoretics and purgatives appear to hasten the resolution of the symptoms produced by zinc. Warm wine and tea are very much used in these cases by the working foundrymen.—*Annales d'Hygiene Publique, and Chemist.*

*Pennsylvania Hospital for the Insane.*—At the date of the last report there were 151 patients in the Hospital, since which, 177 have been admitted, and 159 have been discharged or died, leaving 169 under care at the close of the year. The highest number in the house at one time was 174; the average number for the whole year has been 162—being more than at any previous period in the history of the institution.

Of those discharged, during the year, 1845, were—Cured, 80; much improved, 5; improved, 24; stationary, 30; died, 20. Total, 159.

Of the patients discharged "cured," 39 were residents of the Hospital not exceeding three months; 26 between three and six months; 12 between six months and one year, and 3 for a longer period than one year.

Of those discharged "much improved," 1 was under treatment less than three months, 3 between three and six months, and 1 for more than a year.

Of the "improved," 6 were under care less than six months, 3 between three and six months, 10 between six months and one year, and 5 for more than one year.

Of those discharged and reported "stationary," 8 were under care less than three months, 7 between three and six months, 6 between six months and one year, and 9 for a longer period than one year.

Nine males and 11 females have died during the year.—*Dr. Kirkbride's Report.*

*Toronto General Dispensary.*—We have received a prospectus announcing the establishment of a Dispensary, under the above name, at Toronto. Institutions of this nature, when properly conducted, prove themselves valuable auxiliaries to the hospitals and other recipients for the indigent sick, and we are happy to learn that this one is extensively patronized, and likely to succeed beyond the most sanguine expectations of its projectors. Judging at this distance from the names of the gentlemen who are to com-

pose its medical staff, viz., Drs. Hamilton, Hodder, Rankin and Grasett, we doubt not the complete success of the charitable undertaking.—*British American Journal*.

*Medical Miscellany.*—Mr. Grimes is lecturing in Boston on the Science of Human Nature.—It is said that a New York chemist has analyzed an imported bottle of champagne, called *pure juice of the grape*, and found it to contain a quarter of an ounce of sugar of lead.—A medical student was arrested in New York, for stealing about \$50 worth of books from shops. He belonged to New Jersey.—A very complimentary meeting was held at Laporte University, at which resolutions were passed, expressive of the satisfaction of the students with the lectures on *Materia Medica*, recently delivered there by Dr. M. L. Knapp, of Chicago, Ill.—A slave died lately in Maryland, at the age of 124 years.—Liebig, the great chemist, is said to have stated “that an injury to health, from the use of diseased potatoes, is out of the question—and nowhere in Germany has such an effect been observed.”—A new expedition has sailed from Liverpool to Africa, under the control of Dr. G. W. Daniels, a surgeon of some experience.—Dr. John G. Chalmers is editor of a new paper at Austin, Texas, called the *New Era*.—The Pope, say the foreign papers, has forbidden his subjects from attending any scientific congress, and physicians are not allowed to continue their attendance on patients, who do not receive the sacrament, after the third visit.—The Government of Waldek, Germany, no longer permit drunkards to marry.—Dr. Huntington declines being again candidate for the mayoralty of the city of Lowell.—Chestnuts, in Italy, an important article of food in that country, are said to be diseased like the potatoes, the present year.—A child in England recently bled to death in consequence of having a tooth extracted. In the same family, sixteen persons, at various times, have bled to death from trivial wounds. A branch of the family of bleeders lives in Massachusetts.—Dr. Cazenave, of Bordeaux, has performed lithotomy fifty-two times in the last seven years.—The foundling hospital of Naples receives the average annual number 2,500 children—77 of whom die from deficiency of milk.

TO CORRESPONDENTS AND SUBSCRIBERS.—The papers of Dr. Warren on Scarlet Fever, Dr. Bartlett on Uterine Hydatids, Dr. Daveis on Tumor resembling Spina Bifida, and Dr. Morland's letters from Paris, have been received.—The Title page and Index of Vol. XXXIII. will be sent out with next week's Journal.

MARRIED,—At Warner, N. H., Dr. L. W. Peabody, of Epsom, to Miss L. L. Kelley. —At Rochester, N. Y., John Rowley, M.D., of Parma, to Miss J. Smith.

DIED,—Charles Badham, M.D., Professor of Medicine in the University of Glasgow.—In London, Mr. Carpué, a celebrated surgeon.

*Report of Deaths in Boston*—for the week ending February 21, 51.—Males, 26, females, 25. Stillborn, 5. Of consumption, 9—scarlet fever, 6—croup, 3—bilious fever, 1—infantile, 6—inflammation of the lungs, 4—smallpox, 4—childbed, 1—brain fever, 1—inflammation of the bowels, 1—dropsy on the brain, 3—lung fever, 2—paralysis, 1—cholera infantum, 1—convulsions, 1—old age, 2—dropsy, 1—bronchitis, 1—disease of the spine, 1—worms, 1—cancer, 1.

Five years and under, 23—between 5 and 20 years, 4—between 20 and 60 years, 20—60 years and over, 4.



*Massachusetts Lunatic Asylum.*—The 'Thirteenth Report of the Superintendent states that

"The State Lunatic Hospital, with its enlargements and appendages, is now nearly filled with patients. The additions made by the appropriation of the Johannot fund, were partly finished in February last, and entirely completed in the month of July. They are already extensively occupied, having in them at this time about 70 male patients and 60 females. In all, we have now 369 patients occupying eighteen galleries, a few solitary apartments, and male and female dormitories for the sick. At the rate of increase since the new apartments were in readiness before they shall have been opened a year, every room will be occupied.

"With some imperfections, which could be remedied by building a large institution at once, instead of many times, this is a noble structure, affording comfortable accommodations, well arranged for classification, and well adapted to the wants of the insane."

"Patients in the Hospital in the course of the year, 556; at the commencement of the year, 263; admitted in the course of the year, 293; remain at the end of the year, 369."

"The expense of supporting a patient at the Hospital has varied, according to the value of the necessities of life, from \$112 17 to \$169 48, averaging \$130 62. The average for the five years preceding the present year, is \$117. For the whole time of thirteen years, the average charge for board has been at the rate of \$2 50 per week, and for the five years preceding the present year, the average expense has been \$2 25 for each patient."

*Spermorrhœa Cured by Pressure applied to the Perineum.*—In an article contained in the June No. of the *Annales de Chirurgie*, J. L. Brachet, of Lyons, says that a respectable citizen of that town had used pressure applied to the perineum, as a means of curing spermorrhœa, and learning from him what had been the result of the treatment, had employed it in a number of cases with complete success. He does not propose it as a substitute, in all cases, for Lallemand's treatment, but thinks it applicable to many, even in which the other treatment had failed. The cases treated by him had originated from the usual varieties of causes, such as gonorrhœa, masturbation, and other venereal excesses; in some, the emissions were nocturnal, in others, both nocturnal and diurnal, and others continued and unperceived. The debility, emaciation, and other deplorable consequences of this affection existed in the different cases, and some were brought to the brink of the grave, when the pressure was applied, and in all the reported cases a cure was effected.

In some of the cases, all the ordinary remedies had been employed, such as ferruginous tonics, baths; and even cauterization, without any apparent advantage.

M. Brachet says, that the few cases treated by him, are insufficient to enable him to establish general rules, or any positive precepts: but merely desires to call the attention of the profession to the experiment, that they may by repetition prove either useful or valueless.—*Gazette des Hôpitaux*,

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXIV.      WEDNESDAY, MARCH 4, 1846.

No. 5.

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CASES OF MALIGNANT SCARLET FEVER.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN this neighborhood as in other places scarlet fever prevailed last spring to a great extent among children. It assumed the form of scarlatina anginosa; the principal symptoms were the swelling of the tonsils, and the severe attacks of rheumatism or stiffness of the limbs which took place after the other symptoms had gone through their course. No fatal case came to my knowledge.

In August, the disease appeared again, and soon assumed the malignant form.

CASE I.—The first case I witnessed, occurred August 24th, in a young woman who came from Boston on a visit, and had been previously exposed to the infection. She had a severe attack of fever with extreme redness of the surface, very rapid pulse, headache, sore throat, pain in the back, nausea, &c. I saw her a few hours after the attack, and gave her an emetic of ipecac. with calomel, Dover's powder, and a muriatic acid gargle. The symptoms speedily abated, and in three days she was well. The eruption did not appear, or at least was not distinct.

II.—Shortly after, a boy in the same family, about 8 years old, had scarlet fever in form; the eruption and sore throat appeared and followed their usual course. He had no medical attendance until these symptoms had disappeared, and he had left his room; when stiffness of the limbs took place and I was sent for, September 9th. This yielded readily to medical treatment, but after getting out, ulcers appeared in the nostrils, and increased to such a degree as at times to threaten suffocation. These were long and obstinate in their duration.

III.—September 6th. I was called to another case in a boy of about the same age, in a house close to that in which the above occurred. The disease was not severe, but was attended with occasional wandering of the mind. He recovered very speedily, and no traces of the disorder were left.

IV.—The next case was a very severe one. It occurred Sept. 12th, in the house opposite to the one last mentioned, in a little girl who came from Boston, and was seized the day after her arrival, with symptoms of great heaviness, attended with nausea. The next day, violent febrile symptoms came on. There was great heat and redness of the skin, slight

delirium, great restlessness, tongue loaded with a foul black coat, lips covered with a black crust. Fulness of the neck and redness of the eyes were also present. As the disease went on, ulcers of the nostrils appeared, the tongue became ulcerated at the edges, and bleeding. There was at one time copious bleeding from the nose, which seemed to have a beneficial effect. There were sores in various parts of the body, and temporary deafness.

The treatment consisted in an emetico-cathartic at the onset, antimonial solution, Dover's powder, muriatic acid drinks, and enemata. The eruption appeared and disappeared several times. Her illness was long; but when recovery commenced, it was rapid and perfect. I discontinued my visits on the 27th, and on being called to visit her brother on the 15th of October, I was surprised to find her in the full bloom of health and spirits; not a trace of disease was left.

V.—Another case which took place at an earlier period and in a different part of the village, I will mention in connection with the preceding, although the symptoms of scarlatina were rather dubious.

I was desired in the spring to prescribe for a little delicate girl about 5 years of age, who had a troublesome and obstinate cough, the sequel of lung fever. This was gradually removed, but on slight exposure she had frequent returns of it through the summer. September 2d, I was called to her, as she had a severe attack of the same kind as before. I prescribed an emetic, &c. The next morning I found her bright and playful, and apparently quite recovered. My consent was now asked for a ride of about seven miles distance to her grandmother's, where a fair was to be held on Thursday, September 4th. As I had constantly advised riding, daily, when the weather admitted, I gave my assent, conditional in regard to weather and her health, on the day of the proposed visit. She accordingly went, and all reasonable precautions were taken to prevent exposure or fatigue. She appeared well through the day and evening, but in the night was seized with active delirium. Dr. Howe, of Dedham, visited her, and considered her case exceedingly critical. There was no sore throat or eruption, but he pronounced the general symptoms, especially the appearance of the tongue, strongly to resemble those of scarlet fever. He gave a free dose of the submuriate, applied cold lotions to the head, &c. I saw her at Dedham the next morning, in consultation with Dr. H. She was then better, and able to recognize her father. The general symptoms were those of typhus gravior. On the whole, I thought it safe to form a favorable prognosis. We agreed upon the continuance of small doses of the submuriate, the cold lotions to the head, and leeches if the active delirium returned. Her recovery was slow, but entire.

At the time of her attack, the only case of scarlet fever that I knew to have occurred was that of the patient first mentioned in a different neighborhood. If a person in a family where scarlatina prevails, has febrile symptoms similar to those of the others without an eruption, we consider it the same disease, but there is generally in these cases some affection of the throat. Whether we can properly call it scarlatina where



there is neither sore throat nor eruption, may be a question ; or whether we should not rather consider both as varieties of typhus. *Scarlatina maligna* is of course, in all cases, typhus with the specific symptoms added. *Scarlatina*, without either eruption or sore throat, is rather like the play of Hamlet, with the Prince's part left out ; rather a worn illustration, but an apt one. There was a strong resemblance in the onset of the malady in this case to the preceding.

VI.—The next occurred, September 14th, in the family in which it originally appeared, in a boy of five years old. It was preceded by a great degree of dulness for some days. Febrile symptoms succeeded, with great redness and heat, sore throat, and considerable delirium. The eruption was slight. The disease was severe, but short. Recovery took place rapidly, and was complete.

VII.—A case occurred in the other part of the house with that of the third case. A boy aged 8 or 9 had *scarlatina* slightly, and in regular form ; no delirium. He kept the house only a day or two, when the symptoms having disappeared, he went out and had a return of the sore throat. A day or two after this had subsided, he was brought to see me for a swelling of the glands of the neck. This went off in a few days, and he began to go to school.

October 11th.—I was called to him in the afternoon. He had pain in the right side, great difficulty of breathing, and high fever. I prescribed an antimonial emetic, to be followed by calomel and Dover's powders. I was sent for at 7, P. M., as the symptoms were not relieved, and the difficulty of respiration had rather increased ; I took ten ounces of blood from the arm, gave a mild opiate, and ordered a solution of antimony if the breathing should not continue free.

12th.—Soon after I left him he became quite easy and had a quiet night. The pulse is now moderate, and he is free from pain and fever. I directed a febrifuge mixture of wine of antimony, paregoric, &c., every four hours.

13th.—Has been comfortable, but the face and lower extremities are now swollen.

14th.—*Œdema* increased. I ordered him to be kept in bed, gave him cathartics of calomel and jalap, drinks of cream of tartar, and allowed him chicken broth. Under this treatment the swelling gradually left the limbs, and was well by the 22d.

VIII.—October 18th. I was called to visit a promising boy of about 5 years old. He had been taken ill several days previous ; the eruption came out fully, and he appeared to be doing well until to-day, when he became delirious. He answered rationally when I saw him, but the heat of the skin and redness were intense. The rash had disappeared. There was great restlessness and thirst. I prescribed an emetic of ipecac. and calomel, to be followed by a solution of antimony every three hours.

I was called to him again in the evening. The emetic had operated well. There was, however, no essential alteration in the symptoms. I ordered Dover's powders, with a small quantity of calomel in the first

dose, to be given alternately with the antimonial solution. Also, a drink of water acidulated with muriatic acid. I left two grains of tartarized antimony, to be mixed with two ounces of water, and a teaspoonful given every four hours.

In the morning, about 7 o'clock, I received a message requesting me to call early, as the patient did not appear so well. I found him to have less fever and the redness of the surface diminished; but he had colliquative diarrhœa and was tossing restlessly in bed. I learnt that in the night, he had called for drink; and by mistake, the solution of antimony was given instead of the acid drink. As it produced no vomiting, it was supposed it would do no harm. The symptoms did not appear to be those of prostration from antimony; he evinced a good deal of strength, and resisted violently the exhibition of medicines. He grew worse and worse, however, every moment. Stimulants internal and external were employed, and starch injections with laudanum resorted to, to check the diarrhœa. They had no beneficial effect, and he died in two hours from the time of my morning visit. The symptoms were almost the same with those in another case to be afterwards mentioned, Case xi.

IX.—Sept. 24.—The next patient was a young woman of about 20. She was seized with violent febrile symptoms, extreme redness and heat of the skin, very rapid pulse, &c. The eruption came out and disappeared several times. The affection of the throat was very severe, and there was considerable deafness. On the night of the 25th she was delirious. I commenced the treatment with the same emetic as in the former cases. A solution of tartarized antimony was given every four hours, and a gargle of muriatic acid, &c., was used for the throat. On the 26th I gave her a full dose of the submuriate as a cathartic. On the 27th, I found her much better. The soreness of the throat gradually abated and she recovered her hearing. I made my last visit October 4th. She went out rather too early, and had a cough for some weeks, but she escaped any of the common sequelæ of the disease.

X.—Sept. 26th.—I was desired to visit an infant about eight months of age, who had the eruption. I gave simply the submuriate and Dover's powders. It was well in two days.

XI. and XII.—In the same family with the above, two boys, one 3 and the other 6 years of age, were taken severely in the evening. I was sent for the next morning. In the eldest the eruption came out fully, there was great redness of the skin, rapid pulse, &c. The youngest was evidently the most ill. There was no appearance of the rash, the countenance was somewhat purple, there was constant vomiting, tossing in the bed, and calling out for drink, &c. I ordered for the eldest a dose of the submuriate with rhubarb, to be followed by Dover's powders. To the youngest, I gave an emetico-cathartic, to be followed by antimonial drops. The emetic operated well, but the vomiting continued through the day. About 4, P. M., violent delirium occurred. I saw him about 6, P. M. He was then dying, and died in a few minutes. The symptoms were the same with those in Case viii.—no prostration, but tossing in the bed as if from general distress of the system. In both of these cases

there was a great degree of discoloration of the surface after death ; an appearance not unusual in sudden death.

The eldest boy I considered, at this time, as very sick. He slowly improved. The eruption appeared and disappeared several times. The throat became gradually well. About the 5th of October, he was well enough to sit up. October 6th, he sat up nearly the whole day, and unfortunately near an open door, while the weather was damp. In the evening I was sent for to visit him, and found him very ill, with typhoid symptoms. The next morning the same symptoms continued. He lay quietly ; when roused would answer questions correctly, but at other times was heavy and comatose. This state continued for some days. Sores appeared in the nostril and on the end of one of the fingers, boils came out upon various parts of the body, and his left arm was affected with rheumatism. He died October 11th.

XIII.—October 12th.—The infant above mentioned (Case x.) having been exposed during the illness of the boy last mentioned, had severe catarrhal symptoms and cough. A swelling appeared below the chin, gradually increasing to considerable size. On being opened, a large quantity of matter was discharged, and continued to discharge for some length of time. There was also purulent discharge from the ears, but only for a day or two. The cough continued for some length of time, but complete recovery gradually took place.

The most formidable circumstance connected with scarlatina maligna is the liability to sudden and unexpected death, which it is well known frequently occurs ; as exemplified in Cases viii. and xi. In both of these, the symptoms, within a few hours before death, were not as severe or indicative of as much danger as in several of the others where recovery took place.

There seems to be a great deal of uncertainty in the profession with regard to the treatment of scarlet fever, and a disposition to seek for new remedies. The only safe method in this as in any disease, is to treat it according to general principles. The idea of a specific virus, which is to be opposed by a specific drug, is one that can hardly be maintained. Fever is always fever ; and inflammation requires to be treated as inflammation. In one or two cases, though not recently, I have found venesection beneficial, especially in scarlatina anginosa. In scarlatina maligna I should consider it injurious unless there was manifest congestion of a particular organ.

My treatment was simple, and its results were perfectly satisfactory to myself, since in all the cases where the treatment was commenced early, the issue was favorable. Where one of the symptoms was vomiting, I gave ipecac. combined with the submuriate, it being useless in all cases to administer other medicines until this symptom is arrested. Where there was no vomiting, I gave the submuriate with rhubarb as a cathartic. Where there was cerebral excitement, the good effect of the submuriate was very striking. This and the free use of muriatic acid as a gargle where it could be so used, and as a draught where it could not, with the employment of sudorifics, composed the treatment.

*Newton, February 18, 1846.*



## TUMOR ANALOGOUS TO SPINA BIFIDA.

By Gilman Davis, M.D., Portland, Me.

[Communicated for the Boston Medical and Surgical Journal.]

On Thursday, Dec. 25th, 1845, I was invited by my friend, Dr Gilman, to see a little patient of his, a female infant, born on the previous Monday. The child was well formed and of medium size; the head was not enlarged, and the fontanelles were well closed. On the occiput was a globular tumor, about  $2\frac{1}{2}$  inches in diameter, covered by healthy integument, and having a diameter of about half an inch at its attachment to the occipital bone. The tumor was very tense and contained fluid. Upon grasping it firmly, and using gradual pressure, there was no diminution of it; no apparent receding of the contained fluid; and no effect produced upon the sensorium of the child. There was no other tumor along the spine, and no other malformation. The child nursed well, and its excretions were natural.

Inferring that there was no communication between the sac and the cranial cavity, the tumor was punctured with a lancet, and half a pint of serous fluid was discharged; the sac collapsed, and no effect was produced on the child by the evacuation of its contents. I did not again see the little patient until after its death; and am indebted to Dr. Gilman for the account of what occurred subsequently.

On the following Sunday the sac was again opened, and a gill of fluid, of a nature similar to that evacuated by the first puncture, was discharged. On the Wednesday following, the tumor burst at one of the previous openings. On Friday, Jan. 2d, a seton made of two silken threads was inserted; the sac, which was well distended, being nearly emptied through the incision. Serous fluid continued to ooze out for several successive days, but in greatly diminished quantity, till three days before death; when little else than offensive pus in very small quantities was discharged.

For the first week the child seemed well. After that period symptoms indicating cerebral disturbance occurred. It would start and seem agitated at the slightest noise and when touched. Convulsive movements soon followed; and on Tuesday, Jan. 5th, the child had a fit which lasted about a minute, attended with strong convulsions, and great distortion of the face. On the following day another fit of the same character and duration occurred. There was another on Thursday morning, which was repeated every hour through the day. The convulsions continued with increased frequency through Friday and Saturday, occurring every ten minutes during the latter day, till 8 o'clock in the evening, when the child expired.

At Dr. Gilman's request I made the autopsy the following afternoon.

The cranial bones were firmly united, and the fontanelles unusually small. The membranes were dry. The vessels of the sub-arachnoid cellular tissue were deeply injected. There was no appearance of serous or puriform fluid around the cerebrum or cerebellum. The brain itself was pale, and softer than natural; especially in the neighborhood of the ventricles, including the septum lucidum, fornix and adjacent parts.

The ventricles were filled with a thin, inodorous, puriform fluid ; and in each lateral ventricle was a mass, about ten lines in length and four in width, of coagulated albumen. There was no communication between the membranous cavity of the brain and the ventricles ; the thin flooring of the fourth ventricle remaining entire.

The walls of the tumor, composed of integument and lined with dura mater, were corrugated, dry and pale. The opening into the cranial cavity was two lines below the transverse ridge of the occipital bone ; it was circular, and two lines in diameter ; the ossification around it being perfect. Attached to this opening on two sides, by a membrane, was a pyriform, fleshy and perfectly solid body, about eleven lines in length and four in diameter at its thickest part. The neck projected far into the cranial aperture, and permitted of a slight motion out and in ; but not so as to be entirely withdrawn from the opening. It acted, consequently, like a bullet valve, permitting the egress of fluid from the cranial cavity, but closing the opening effectually against any return.

This fully accounted for the fact stated, of the impossibility of pressing out the contents of the sac at the first examination, and the consequent absence of any effect thereby produced upon the child. Had there been any yielding of the tumor under pressure ; any symptom of cerebral disturbance produced by these manipulations, the tumor would not have been interfered with.

Samuel Cooper, Copland and others, allude to cases like the present, of tumors, analogous to spina bifida, situated on the cranium ; but I do not remember to have met with any description of a case like this, in its curious valve.

#### UTERINE HYDATIDS.

[Communicated for the Boston Medical and Surgical Journal.]

SEPTEMBER 27th, 1839. Mrs. A., aged 37, mother of two children, the last a nursing infant six months old, states that she has had her catamenia regularly until three months since. In six weeks after the last period, the abdomen became perceptibly enlarged, and she commenced flowing a little, for which she soon after consulted a physician. Not obtaining relief from his prescription, and the abdomen having increased rapidly, being at the expiration of the succeeding six weeks as large as the sixth month of pregnancy and attended with some anasarca of the lower extremities, she sent for an empirical practitioner, who pronounced her disease to be dropsy ; disregarded the almost continued hemorrhage, gave her a hot rock sweat, an emetic, and cathartic, and left her " roots and herbs " to be steeped in a gallon of gin to take for the water. He said that she would be " fit to tap " in a few days, and appointed the 28th. on which to perform the operation. He visited her that day for that purpose, but in the night of the 26th, the day she took the emetic, &c., she was taken with pain in the abdomen and increased hemorrhage, which occasioned my being called. When I arrived,

the distance being nine miles, her pains had ceased and the flowing abated. I found her much exhausted from the loss of blood and the effects of treatment. The conjunctiva of one eye was completely blood-shot from the violent operation of the emetic. Pulse 120 per minute. Upon examining the abdomen, there was no fluctuation, but the enlarged uterus could be distinctly felt. Per vaginam, the os uteri was found dilated to the size of a dollar, and within it coagulated blood only could be detected. From the rapid development of the uterus and the entire absence of motion, I supposed it to be some morbid growth. As it was evident that nothing short of its speedy expulsion would save her life, I gave her an infusion of ergot, which had its usual prompt effect to produce contraction of the uterus, and without increasing the hemorrhage. The os uteri gradually dilated to its full size, yet the contents of the uterus did not descend to aid in the dilatation. At the expiration of eleven hours from the exhibition of the ergot, and while using the vessel to pass her urine, the contents of the uterus escaped, attended with such profuse hemorrhage that she fainted and fell upon the floor apparently lifeless. Here was one of those appalling scenes which try the physician's soul, and make him choose, as Prof. Mussey once said to his class, rather to be a wood cutter. By the use of proper means she soon revived, and was placed upon the bed. The vessel was filled with a mass of hydatids, answering the description and representation given in Dewees's work on the Diseases of Females. In consequence of the great loss of blood, an effusion of serum took place into the cavities of the abdomen and thorax, accompanied with general anasarca. The respiration was hurried, and the pulse ranged from 140 to 160 per minute. Tonics, diuretics and laxatives were given for six weeks, without affording material benefit, excepting to allow the system to rally from exhaustion, when two hydragogue cathartic powders, composed of calomel, jalap, aloes and tartrate of antimony, the second given six hours after the first, carried off the effusion in forty-eight hours. The continued use of diuretics and tonics prevented any return of the effusion, and restored her to good health in a few weeks. She has not been enceinte since. EZRA BARTLETT.

*South Berwick, Me., Feb. 18th, 1846.*

#### SPURIOUS VACCINATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last No. of the Journal, Dr. Mowe has related two cases of spurious vaccination, which are to me intensely interesting. I wish by inquiry to prompt a little further investigation of these cases. The matter was taken on the fourteenth day, and was a "foul secretion." At so late a period, whatever fluid has survived the desiccating process is pus. Can Dr. M. now ascertain whether the secretion was purulent only, or whether the ulcer presented any peculiarities? What was the age, and what the condition of health of the individual, from whom the matter was taken? On the fourteenth day, too, the vesicle, if a true one, must have



been more or less crusted over. Did this crust present the usual appearances, and fall off in the usual way? What is now the appearance of the cicatrix? Dr. M. will readily perceive that my object in these interrogations, is to ascertain whether these violent effects were the result of the usual deterioration of the vesicular contents, by age alone, in the individual from whom the matter was procured, or whether there was some complication or departure from the regular course of the vaccine vesicle.

My individual observations go to show that matter, taken from the vesicle at a late period, often produces intense inflammation, much exceeding that arising from the pure lymph. Cicatrices are frequently exhibited, which present little or none of the characteristics of true vaccination, but merely show that ulceration of the cutis vera has occurred, to greater or less extent. Instead of a slight depression of the whole scar below the surrounding surface, with no hardness whatever, they are a little elevated, somewhat indurated, and destitute of the diagnostic pits. I am in the habit of attributing this peculiarity in the majority of these cases, to the fact that they were produced by virus which was abstracted at too late a period in the progress of the pock. Some of these cases will be found, upon re-vaccination, to be wholly unprotected, and others, perhaps, possessing more or less immunity. But in either case, much greater inconvenience and trouble is experienced from severe and extensive inflammation and ulceration, and more serious danger is incurred, than properly or necessarily belongs to the course of true vaccination. These spurious cases are very common in the country, where it is also extensively the practice for individuals to vaccinate themselves from the arm of another, procuring the matter when they think it is "about right," with no criterion of knowing when the virus is most effectual, or whether the pock is a true vaccine vesicle, or the result of inoculation with some other animal poison. As to the frequency in cities where the vaccinations are mostly performed by physicians, I am unable to make any statement.

The crust of a vaccine vesicle, although it is the product of the last or desiccating period of the process, is not liable to the same censures. I have been and still am occasionally in the habit of using in my vaccinations the crusts from such pocks as possess the diagnostic marks of pure vaccinia. I have never seen ill effects follow. The accession of a purulent secretion seems to displace the vaccine ichor from the pock, and it becomes dried and incorporated into the albuminous substance of the scab.

The operation from the inoculation described by Dr. M. seems to resemble that from wounds in dissections, or matter from malignant or gangrenous ulcers.

It is also a curious pathological fact, that in the case of this "foul" or malignant ulcer, the mouths of the absorbents were so closed by the surrounding adhesive inflammation, and deposition into the interstices of the cellular tissue, or their action so suspended, that the "virulent poison" was not spread through the system of the first individual, while by the introduction of the matter at once within the reach and its subjection to the action of healthy absorbents, it is readily diffused and seriously affects the vital economy of another.

T.

*Concord, N. H., February 23d, 1846.*

## SOLITARY IMPRISONMENT.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have had my attention called to an article upon Miss Dix, which appeared in your Journal under date of Dec. 17, 1845. The writer might, without doing violence to truth, have spoken in warmer terms of commendation of this admirable woman, whose life is made up of labors and sacrifices for the good of humanity, whose zeal is seconded by so much good sense and practical knowledge, who encounters toils and privations in her noble "circumnavigation of charity" which would try the most robust frame and daunt the stoutest heart, and who preserves unimpaired, through all, the delicacy, gentleness and purity which form the crowning excellence of woman. But she needs not the excitement or the reward of praise. She acts from higher motives and lives for higher objects than the commendation of men. But as her personal friend, I ask leave, in her absence, to correct a gross misapprehension of her views, into which the writer has fallen. It is contained in these words. "It is evident that Miss Dix looks favorably upon solitary confinement. A prisoner should be boxed up, in her view, in a cell, like an antediluvian frog in a piece of shale, wholly and entirely beyond the reach of any society. He should neither hear nor see a fellow mortal during the destined period of incarceration. All the while, he should labor as directed; yet under all circumstances commune alone with his own thoughts, save when directed to higher aspirations, through the silent teachings of such books as are permitted to be in his legal grave."

In making this hasty assertion, it is evident that the writer cannot have read with any attention the pamphlet which he reviews. Still less does he understand the separate system of confinement, or the Pennsylvania system, as it is sometimes called. The above account is a caricature, or a picture such as an enemy might draw, with a purpose of awakening aversion and disgust, but not a true statement. To prove both of my assertions, I have only to make the following extract from Miss Dix's pamphlet.

"Many persons appear singularly ignorant of the discipline, as well as of the actual condition and employment of prisoners in the Eastern Penitentiary. A vague feeling of horror pervades some minds, when the subject of *separate*, or, as it is often incorrectly called, solitary imprisonment, is spoken of; and they condemn, as inhuman or unjustly severe, a form of imprisonment, of which in fact they have no correct knowledge. To those who cannot visit this prison, and who have no means of large information, it may be interesting to learn that the convicts are uniformly treated with kindness, and a regard to their rights as men, not forfeited with their rights as citizens. They are, it is true, in separate confinement, but it is in rooms of good size, conveniently furnished with reference to preserving habits of neatness and order, and the means of employment for both the mind and the hands. The tasks, which are not burthensome, are accomplished at intervals during the day, the prisoner being left to choose his time; so his work be accomplished, he has liberty to rest, to read or write, to listen to the counsels of the chaplain, or the teachings of the

schoolmaster, and to cultivate in its season, the small plat of ground, which the industrious have much pleasure in keeping in order, and in which an hour daily may be spent. The cells being lighted at evening, afford an opportunity for using the books furnished from the library, and those which belong to the cell ; or accomplishing some little work which the skill or fancy of the inmate may devise.

“The prisoner is not therefore solitary, nor quite alone for any long time ; he is separate, but it is from fellow convicts, and shut in from the curious gaze of thoughtless visitors. He is not solitary ; for he sees *daily*, three times, the officer who furnishes his meals ; he sees the officer who supplies the working materials, teaches him to work, and receives the work when done ; and he has the means of communicating at any moment with the officer of the corridor ; he sees the warden, the chaplain, the schoolmaster, and the physician and the apothecary if not well, any day or hour that he wishes, and some of these by regular diurnal visits. He may see the minister or priest of his choice, when he desires ; the committee from the Prison Society, weekly ; the inspectors, twice a week. Of course every prisoner is not seen at each visit ; but those who request it are ; and others, for whom there is time. The sheriffs see all prisoners from their respective counties when they convey new convicts ; and if asked, they, with the permission of the warden, take letters at reasonable intervals, after the first six months. Official visitors are the judges of the courts, the governor and cabinet, members of both branches of the legislature, the grand jury by courtesy, and occasional visitors by special permission, who have definite objects in acquiring a knowledge of the construction of the prison and its discipline.”

I propose to trespass no further upon the patience of your readers, than to ask them to read the above extract, as a simple act of justice of Miss Dix, who has been so strangely misrepresented. To engage in the controversy on the merits of the two systems, is not my intention.

G. S. H.

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#### WARM MOIST AIR IN INFLAMMATION OF THE AIR-PASSAGES.

[DR. GOLDING BIRD has several articles in the London Lancet on the therapeutic influence of warm moist air in bronchial inflammations. The following extract will show one combination of symptoms which he thinks indicates the adoption of this treatment. The results in the case supposed, he details, but we have not room to copy them—and indeed they may be understood by the physician.]

Were I endeavoring to point out one class of cases more distressing and anxious than another, I would sketch one of pneumonia, or capillary bronchitis, affecting a part of both lungs, and occurring in a child barely emerging from the influence of the poison of measles or whooping cough. The little sufferer, weak from previous disease, tosses restlessly from side to side, with its head thrown back over the pillow or nurse's lap, to straighten the trachea, snatching short and imperfect slumbers, or rather



moments of stupor, only to awake to fresh distress ; the livid hue of the finger-nails and toes, the dusky face, parched lips, distended and parting nostrils, the lustrous, prominent eye, present a graphic picture of impending suffocation ; whilst the hurried respiration, the catching at the bed-clothes, or throwing the arms over the head, show the efforts made by the child to facilitate the distension of the obstructed lungs. If pneumonia be alone present, all these symptoms, it must be recollected, often exist without a particle of cough ; the most severe cases of this kind I have met with, have been absolutely free from it, and have been often mistaken for mere fever. It must never, moreover, be forgotten, that whilst in the adult pneumonia is frequently limited to one lung, in children it usually affects both. The possible absence of violent inflammatory fever, also, must never be forgotten, for ignorance of this fact has often caused the disease to be overlooked. The prominent symptoms of the most dreaded variety, or suffocative pneumonia, are, diminished oxygenation of the blood, and depressed state of the cerebral functions. The little patients are often affected with great somnolence, pale and livid complexion ; the glowing heat of surface soon disappears, and is followed by cold and often violet-colored extremities. The respiration is often nearly entirely performed by aid of the abdominal muscles, the action of the diaphragm being violent ; a state of things familiar to every physician, and to which attention has of late been especially directed by a German author, Dr. Berg. The distress of the little patient becomes much greater if capillary bronchitis, or inflammation of the lining membrane of the smaller tubes, be superadded ; for here, in addition to the consolidation of the hepatized portions of lung, the very route to the cells is first obstructed by the swollen and congested state of the lining membrane, and afterwards by the exudation of a stiff, viscid, gum-like mucus. And if the larger tubes become involved, as is usually the case after whooping cough, the loud and coarse râle, or whooping sounds, show how great is the effort required to expand the lungs.

In the treatment of these cases, all the therapeutical remedies at our command are too frequently put in requisition in vain ; the mercury, antimony, opium and depletion, are all called upon for their assistance ; and although, fortunately, often with success, still we have sometimes to deplore their inefficiency, and even occasionally to doubt whether, after all, the disease has not been over-treated ; and to inquire whether, in our efforts to save, the catastrophe has not been rather accelerated than averted.

It is in these cases that I think we possess a most energetic remedial agent, in the shape of an appeal to the functions of the skin and mucous membrane of the air-passages, which, whilst its effects are always palliative, and often successful, can never be regarded as dangerous. Even the temporary relief afforded by the warm bath, familiar to all practitioners, shows how much is gained by calling upon the skin to do its duty. But even here, too carelessly as this remedy is often used, I think I have seen more ultimate harm than good accrue, by rendering the child more susceptible to the influence of the cold air which it inspires.

In cases of this kind I would urge the practitioner not to consider he

has done his best towards saving his little patient, until he has placed the child in an atmosphere, the temperature and moisture of which shall appeal to the skin, and relieve the inflamed tissue. The mode in which I am accustomed to effect this is as follows:—Selecting, if the choice be permitted, a bed-room as small and as free from draughts of air as possible, the windows are carefully closed, and if the casements do not fit accurately, strips of paper should be pasted over the junctures. A stout sheet or blanket should then be fastened with a nail or two to the lintel of the door, outside, so as to hang down and prevent currents of cold air entering the room during the ingress and egress of the attendants, a large fire being lighted in the grate, which should never be allowed to go out during the treatment. A thermometer should be suspended over the patient's bed, so as to be about two or three feet from its centre, and carefully watched. The indications of this instrument must constitute the sole guide for raising or depressing the fire, and a temperature of from  $70^{\circ}$  to  $78^{\circ}$  should be constantly maintained. A large kettle of water is placed on the hob, and kept boiling, so that a current of steam may be constantly poured into the room from its spout, which, for this purpose, must be enlarged by the addition of a few feet of gas-pipe, and until this be procured, with a tube of stiff paper or thin mill-board.

By these precautions the room may, without the slightest difficulty, be kept at a nearly constant temperature for the requisite time. Indeed, it is remarkable how little variation is observed in the thermometric indications, when the most ordinary care is taken to prevent the entrance of long-continued draughts of air. Let us now suppose that a child, the subject of capillary bronchitis or pneumonia, be exposed to the influence of a bed-room arranged with these precautions, placed in bed, and supplied freely with diluents, as tea, toast-water, or common water, for which the little patients generally crave, and inquire what are the probable results of this treatment, independent of any other.

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#### CONNECTION OF RHEUMATISM WITH OTHER DISEASES.

No association has of late attracted more attention than that of rheumatism and cardiac inflammation. This association was pointed out as long back as 1738, by Dr. Pitcairn, of Bartholomew's Hospital, but more recently, owing to the improved method of examining the heart by auscultation, considerable light has been thrown on it, and its importance and frequency been more and more the subject of remark. For much valuable information on the subject we are indebted to Dr. Latham and Dr. Watson, in England, and M. Billaud, in France. In Dr. Latham's recent little treatise on clinical medicine, he insists largely on the connection of rheumatism with endocarditis as well as pericarditis; and, indeed, speaks of the former as more frequent than the latter, and as seldom long absent in pericardial inflammation. The knowledge of this association is of the greatest importance, as it leads the physician, in the treatment of rheumatism, to be on the watch for the first invasion of carditis, and,

therefore, puts him in the best position to subdue it before it has committed any irremediable injury. It should always be remembered, however—even admitting, to the full extent, that the auscultatory signs are faithful interpreters of disease—that too much activity may be employed in the endeavor to remove them. The remarks already made on this subject may be referred to. I think those who read the case related by Dr. Latham at page 167, will be inclined to suppose that a less energetic practice might, possibly, have been attended with happier results.

That rheumatism has many other important, though less understood, associations, I think there can be no doubt. Like gout, it may invade internal organs, and certainly is found to attack those which are mixed up with the fibrous tissue. An alliance was formerly supposed to exist between rheumatism and palsy. That wandering pains, often of an acute character, are experienced in hemiplegic affections, there can be no doubt; but how far such pains are deserving of the name of rheumatism, may be questionable. However, it is by no means improbable that such an alliance does exist, for it is far from improbable that rheumatic invasions and paralytic seizures have a common relation to other conditions of derangement, set up by the same irregularities of living. The connection of rheumatism with gout is acknowledged in popular phraseology, if it be not in medical literature. It is certain that there are cases in which it is difficult to say whether the patient be suffering from the one or the other, and the appellation, *rheumatic* gout, is probably correct as well as convenient. The near affinity which exists between these complaints, in respect to their pathology, renders it highly probable that disorders may exist which partake of the peculiarities of both. The occurrence of many complaints in the gouty habit has long been a subject of observation and anxiety. From the consideration of their associations, we may be led to suppose that in a less pronounced form of the gouty diathesis, many obscure affections of the head, stomach, or bowels, may arise, without leading to any suspicion of their real origin. I have already briefly hinted at a connection which exists between rheumatism and a spinal derangement of a very serious character. It seems that rheumatic persons are liable to a sort of translation of the disease to the sheath of the spinal cord, attended with pain and spasm. This varies, of course, according to its particular situation, and is productive of more or less important functional disturbance.—DR. J. B. HARRISON, in *Lond. Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1846.

*The Young Stethoscopist.*—New medical works are constantly making their appearance, which conclusively demonstrates the belief that ours is a



profession promotive of thought and industry. It is so in the city of Boston: one cannot be idle here without losing caste directly. By this it must not be understood that every physician is necessarily an author, to maintain his position. There are a host of active minds engaged in a grand movement to advance in that knowledge which relieves suffering humanity when contending with disease. Some gather specimens of morbid anatomy to illustrate one class of formidable maladies; others carefully copy horrible exhibitions of organs preternaturally enlarged, ulcerated, or distorted; and another studies the changes in the organs of sense, from youth to age. One is expert in surgery; and his neighbor, perhaps, devotes his entire life to the investigation of the causes of certain obscure aches and pains which have baffled his predecessors.

Growing out of this system of never-tiring exertion, our kind-hearted friend Henry I. Bowditch, M.D., a son of the illustrious mathematician of that name, is always clearing the highway to the chest, of the rubbish that has obstructed the student's progress in gaining a correct insight into the signs of those diseases to which it is incident. His familiar acquaintance with the science of auscultation, is freely admitted. Various papers on the elements of thoracic exploration, and other distinct efforts to familiarize students and young practitioners with this essential method of ascertaining the condition of the vital mechanism, beyond the ken of the eye, are well known in New England. His best achievement is the present work, a compact 12mo, containing 278 pages, with numerous illustrations, just published by Ticknor & Co.

Each division of the book is complete in itself, and is written so plainly that the student, for whom the treatise is ostensibly prepared, cannot mistake the author's directions. First, the mode of making inspection is minutely described; then follows palpation; mensuration; auscultation; auscultation of respiration; auscultation of the voice; rales; percussion; physical signs of laryngeal diseases; physical signs of bronchitis; of pneumonia; of pleurisy; of phthisis; pneumonia; gangrene of the lungs; emphysema of the lungs; pulmonary apoplexy; dilated bronchi; œdema of the lungs and coughs having no physical signs. Next, there follows physical signs relating to the circulatory organs. Without attempting a further elucidation of the plan of this admirable assistant, which is called the "Young Stethoscopist, or the Student's Aid to Auscultation," we cheerfully recommend it, not only to those for whom it is especially designed, but to their seniors also; being convinced that whoever studies its precepts will be a wiser practitioner than he was before.

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*Natural History of the Diseases of the Human Teeth.*—Those who have objected to the operations of the Baltimore Dental College, on the score of its unnecessary existence, cannot deny that Dr. C. A. Harris, one of its professors, has done more to make us acquainted with the diseases and morbid anatomy of the teeth, than all the professed medical writers of the country put together. He published, about one year ago, a leading standard work on operative dentistry, that holds a high rank in the estimation of foreigners. In addition to that, he is connected with the *Journal of Dental Science*, the organ of the dental profession, in which he is continually giving evidence of an indomitable perseverance in the literature of his calling. In the midst of all the cares and calls incident

to the daily practice of a business requiring personal attention, he has now remodelled and made numerous additions to Fox's Natural History of the Diseases of the Human Teeth. One of the best English works extant, and so acknowledged, has undergone such beneficial alterations as to be superior to its former condition, and better calculated to subserve the interest of those who seek instruction from its erudite pages. There are thirty plates, some of which picture admirably every variety of deformity or disease to which the teeth and gums are incident. The volume is a large-sized octavo, containing 440 pages. Part I. embraces the history of the formation of the teeth; the symptomatic diseases incident to the first dentition; the changes which take place during the second dentition, and the treatment to prevent and remedy irregularities in the arrangement of the teeth. Part II. treats of the history and treatment of the diseases of the teeth, gums, &c., and continues through nineteen chapters. Part III. is devoted to operative dentistry in all its details. This cannot fail of being exceedingly serviceable to all young men in the dental ranks. Any and every work which promises to give character to this important department of mechanical surgery, meets our cordial approbation. Because bunglers and quacks are quite as numerous under dental colors as in medicine, we invariably endeavor, when an opportunity occurs, to plead for the dissemination of all that can improve the profession, and enable it the better to remedy the misfortunes arising from disease or accident to those important organs, the human teeth.

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*Bloomingtondale Asylum for the Insane.*—Dr. Pliny Earle, the Superintendent of this Asylum, is a candid, judicious governor, admirably fitted, both by nature and education, to take charge of the insane. This is discoverable in his reports, and in the public sentiment. We perceive no marked change in the method of working the machinery of the institution, since last season. Whatever is best to do or have, has already been done and procured, so that the asylum takes the rank that we should naturally expect any one to have, that was confided to proper care and management.

If any one circumstance more than another, in this report, arrests the eye, it is the account of the scientific lectures delivered before an audience of insane hearers. In this particular, Dr. Earle has advanced beyond others in the same humane employment. He has lectured to the patients on the mechanical properties of air; hydrogen; national and local peculiarities; oxygen; nitrogen and carbonic acid; chlorine and iodine; electricity and astronomy. "Desirous of promoting the curative treatment of the patients by every judicious means," he says, "the Asylum committee have made a liberal appropriation for the purchase of materials to be used in the lectures." The institution is already furnished with an air pump; a set of mechanical powers; a magic lantern, with numerous pictures; an orrery; an electrical machine, with implements; a pneumatic trough, receivers, retorts, and other articles in chemistry; 146 diagrams printed upon bleached muslin, illustrative of the structure of the human frame and that of the lower order of animals; 20 similar diagrams explanatory of the laws and phenomena of light; and 95 illustrating various other subjects. This is truly a delightful scheme for concentrating the disturbed, fitful and wandering ideas of a certain order of lunatics.

*Medical Obedience—Dr. Darrah's Introductory.*—William Darrah, M.D., Professor of the Theory and Practice of Medicine in Pennsylvania College, Philadelphia, gave an introductory to his course, on medical obedience, which was a word in season, fitly spoken. A happy spirit of independence is manifested in these latter times by the faculties of medicine in most of the colleges. They speak out their sentiments boldly, like men, instead of cringing in the presence of students—afraid to say what they think, for fear of offending them—which might have a bearing upon the popularity of the school, for good or for evil. Since the happy discovery that absolute government is no hardship in the management of public institutions of learning, the students themselves, in schools of medicine, invariably manifest their satisfaction when addressed by their instructors on the very important subject of their own personal responsibility to society, and their moral duties.

Dr. Darrah enforces the doctrine of obedience in a series of propositions, by asking "who shall heal the sick?" He explains the obedience that is required of the practitioner, and thus delicately makes it quite clear what students should do. Not to dwell unnecessarily long on the implied part of the discourse, it is just towards the author of the pamphlet to say that we derived much pleasure as well as instruction from it. His interview with Scarpa is particularly interesting; and all that Dr. Darrah relates of Baron Larrey, Beclard, Breschet, Broussais, Andral and others of equal eminence, is admirably interwoven with the general remarks on duty. "Our medical stated societies, medical colleges and universities," says Dr. D., "are established and proper media of commissioning qualified persons to go and heal the sick. Such are the corollaries. Obedience to them is medical obedience. Be persuaded to medical obedience, and be dissuaded from medical wilfulness; this indulged in, will be followed with disaster and disappointment; the former with success and happiness."

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*Willoughby University.*—The recently-published catalogue shows that the medical department of this University is not only in an active condition, but thriving also wonderfully well. Besides a faculty of eight persons—distinguished individually for their attainments in science—there are appliances and various facilities for pursuing the study of medicine and surgery at Willoughby, to be coveted by those who are ambitious to be well taught. In 1836, the class contained but sixteen students; the present session numbers *one hundred and sixty-four*! This is a specimen of young Ohio.

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*Journal of Hydropathy.*—A second No. of the Hydropathic Journal, published at Morristown, N. J., and conducted by Dr. Dexter, has arrived. He expresses himself in words of thankfulness for the commendation bestowed on his Journal by the *press universally*. Dr. Dexter thinks well and speaks in the warmest praise of the Green Mountain Spring—which is entitled, according to his views, to the patronage of all "*hydropathic believers*." It is gratifying to notice how delighted these water doctors are with each other. There is a perfect millennium in the ranks at present, which will endure till they happen to cross each other's currents, and then perhaps there will be perturbations or troubling of the waters in the hydropathic pool.



*Tremont Street Medical School.*—It will be seen, by reference to our advertising page, that this well-known school has made considerable additions to its already ample facilities for imparting medical instruction. Besides the instruction of the physicians previously connected with the school, we observe that a number of courses will be delivered to the students during the coming season by gentlemen of high distinction in their several departments. The school now seems to offer every facility for medical instruction that can be desired by the most ambitious student.

*Diseases of the Skin.*—Among the entire catalogue of human maladies none are more obstinate in their character than those of the skin, and none impose a severer tax upon the skill of the physician in his efforts to cure them; and a large proportion of them admit of neither cure nor amelioration under the ordinary modes of treatment. We believe the daily experience of every medical man will bear witness to the truth of what we here say. It is inconvenient for the general practitioner to devote the amount of time and attention requisite to the treatment of cutaneous affections, or to supply himself with all the means which promise the greatest success. We are therefore happy to state, in this connection, that Dr. Durkee, of this city, devotes special attention to the diseases in question; and for this purpose he has at his infirmary the best facilities to be found in New England. In addition to other remedies he uses the iodine and sulphur fume baths, as practised in the principal hospitals of London and Paris. We have known some perplexing cases, which had resisted every method adopted for their removal, yield to a series of these baths in conjunction with other appropriate measures.

*Massachusetts General Hospital.*—The announcement in the *Journal* of the following appointments has been unintentionally delayed a week or two:—

John D. Fisher, M.D., Oliver W. Holmes, M.D., Henry I. Bowditch, M.D., Additional Physicians. J. Mason Warren, M.D., Samuel Parkman, M.D., Henry J. Bigelow, M.D., Additional Surgeons. W. Henry Thayer, M.D., Admitting Physician.

*Kentucky Lunatic Asylum.*—The Annual Report of Dr. Allen, physician to the Kentucky Lunatic Asylum, gives evidence of great improvement in that charity—and improvement was much needed—for until within the last two years (during which time Dr. Allen has had charge of it) the institution was a reproach to the State; a mere place for the incarceration of the insane, where they were herded together like cattle—not the noble charity which the State had endowed for the benevolent purpose of relieving the most awful malady to which humanity is incident. Now, under the wise and humane treatment adopted, the per cent. of cures of recent cases is as great as we find in any of the asylums of the country.

*Microscopical Anatomy.*—Prof. J. C. Cross, of Lexington, Ky., writes as follows from Paris, under date of Dec. 4.

“The obvious sensible effects disclosed after death, it should be recollected, are the results of morbid action, which has been going on for

weeks, and perhaps months, and at last the individual dies, because they have become so aggravated as to be incompatible with the continuance of life. Now when such lesions as are discovered when death is the result of it, are commended to the physician as a guide to him in practice, it is equivalent to saying it is possible to raise the dead. Such lesions are never compatible with life. The business of the physician is to prevent their occurrence, and if he fails in that he will surely fail in remedying them after they have occurred. It is mainly lesions that are to be observed when death has resulted from some accidental cause in the course of a disease, that are serviceable in a practical point of view. Reflect upon the changes that are observed in the different stages of inflammation—and patients die in all of its stages—and you will at once be satisfied that such appearances when death is a consequence of the morbid action, will produce a very fallible and feeble guide to the practitioner. The secret recedite changes, and those inappreciable by the naked eye, are those with which we should make ourselves acquainted, and this is being done by microscopical anatomy, which is now prosecuted with much energy, zeal, and success, and to which I am paying special attention."

*Medical Miscellany.*—A new and alarming disease, it is said, has appeared at New Albany, Indiana, which is ushered in by severe vomiting, chilliness and congestion of the brain, and followed, in about twelve hours, by death.—A lamb has been shown, as a remarkable freak of nature, having four eyes, three mouths, and three tongues.—A man, near Londonderry, Ireland, near 100 years of age, is living with his eighth wife.—Dr. Elisha Bartlett has again accepted a chair in the Medical School of Transylvania University. His acceptance of the appointment came in a letter dated at Florence, February 2d.—Measles and other diseases have been unusually prevalent among the Winnebago Indians the present season, very much reducing their numbers.—A French surgeon imagines that he has found a cure for aneurism in electricity—and accompanying the announcement of the discovery, a great deal of nonsense is introduced about the white of an egg.—The Board of Aldermen in New York propose making alterations in the medical management of the Almshouse; instead of having one physician for every thing, they think of having the patients assorted.—The births in the United States, yearly, are from 400,000 to 500,000. Of this number of children, 1 in 15, or more than 25,000, are stillborn; more than 300,000 inherit from their parents a diseased constitution, and a majority die young.

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MARRIED.—At Providence, R. I., Chas. A. Van Zandt, M.D., to Miss C. A. Rhoades.—At New York, Tompkins Nestell, M.D., to Miss M. L. Whaites.

DIED.—Dr. Henry H. Harrington, of Onondaga, N. Y., found dead in his office, the victim of alcohol.—Dr. Bousac, at Plaquemies, La., killed by being thrown from his carriage, while on a professional visit.

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*Report of Deaths in Boston*—for the week ending February 23. 47.—Males, 26, females, 21. Stillborn, 5. Of consumption, 11—inflammation of the bowels, 2—inflammation of the lungs, 2—inflammation of the brain, 1—disease of the heart, 1—convulsions, 1—scarlet fever, 6—intemperance, 1—aneurism of the aorta, 1—infantile, 6—typhus fever, 1—smallpox, 3—marasmus, 1—burns, 1—lung fever, 1—childbed, 1—dropsy, 1—tumor, 1—disease of the bowels, 1—worms, 1—influenza, 1—hooping cough, 1—dropsy on the brain, 1.

Under 5 years, 21—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 6—over 60 years, 1.

*Dr. Jarvis's Lectures in London.*—Dr. George O. Jarvis "Surgeon to the Free-Stone Quarry, Portland, Conn., &c. &c.," has been delivering a course of five lectures on fractures and dislocations, at the Royal Westminster Ophthalmic Hospital, London, which are now before us in the *Lancet*. The following is his introduction to the course.

"The brief course of Lectures, of which the present forms the first, will contain a summary of my experience during twenty-six years of professional labor, the last five of which have been spent in a situation peculiarly favorable for the observation of fractures and dislocations, my attention having been particularly turned to the subject while designing, testing and perfecting, the apparatus which is now offered to the notice of the profession for treating those injuries. Numerous opportunities have occurred to me for observation, at different hospitals in America, London, and Paris; but it is not without feelings of due respect to the opinions and practices of others, for whom I entertain the highest regard, that I attempt to advance principles and to urge treatment which is at variance with those in common use. Still it appears to me that the cause of science demands the step to be taken. Therefore I comply with the kindly-expressed wish of those who have procured for me the opportunity of delivering these discourses under the present roof, trusting that the views which I advocate will be examined with care and candor, while I cheerfully say, that whatever I recommend that will not stand the test of experience on the part of others, let it be rejected. I have come to this country for the purpose of obtaining and communicating information in matters of surgery. During my sojourn in Europe, I have visited the whole of the hospitals of Paris, as well as those of London, and in the course of two month's attendance at the former, I have performed operations in some of the wards, which were planned wholly in accordance with the principles which I am now about to develop, happily with a success which had not attended the efforts previously made in the treatment of the injuries experienced. Having now completed the round of my observations in England, I am about to retire to my native country, the delivery of the present brief course being the only object that has induced me to defer, until another voyage of the Boston steamer, my departure from this metropolis, after having derived very great pleasure and advantage from my visit."

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*On Abstinence from Drinks in the Treatment of some Diseases.*—Dr. Bourge thinks that the quantity of drink administered in disease is not a matter of indifference, that it ought to be regulated by the medical attendant, and should not be left to the taste of the patient or the caprice of the nurse.

Thus, in all affections accompanied by a predominance of the serous or aqueous element in the blood, this physician thinks that we ought to diminish very much the usual quantity of drink, or even to suppress it altogether. Such are, for example, cases of dropsy, profuse sweatings, chlorosis, suffocative catarrh, abundant diarrhœas, diabetes, organic diseases of the heart, and, finally, asthma, whenever this malady owes its existence to a pathological condition of the central organ of the circulation. —*Dublin Hospital Gazette.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 6.

## PRACTICAL MIDWIFERY—APOPLEXY OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you find that the following observations, collected while attending the clinique of M. Paul Dubois (the far-famed accoucheur), offer sufficient interest and value to obtain an insertion in the Boston Medical and Surgical Journal, they are at your disposal. I am inclined to think that there is much that is new in them—and M. Dubois considered the *facts* so valuable that he devoted two entire lectures and a great portion of a third to the subject. His clinical lectures and visits are among the best-conducted and most valuable in Paris, and he himself, a man admirable in all respects; his manner towards his patients is kind and gentle in the extreme, and his treatment of the students who *throng* his wards is most gentlemanly and considerate, every advantage being given, not only to French students, but likewise to foreigners who are quite numerous. It was only this morning that he remarked, at the close of his lecture, that it pleased him much to see strangers at the clinique. In regard to the examination of the women in a state of pregnancy, per vaginam, &c., the French students have the *precedence* of foreigners (as is quite just), but the latter are allowed an equal opportunity for these examinations. In many other respects the advantages for foreigners are *greatly* curtailed in Paris, since the year 1842. At that time everything was free and open; but *now*, the very worthy “Doyen de la Faculté, M. Orfila,” has closed the Ecole Pratique to foreigners, as far as dissections are concerned; and what is still more to be lamented, the numerous and valuable private courses formerly given, without restraint, by the “internes” in the various hospitals, are now *legally* and *authoritatively* suppressed; and when obtained, it is by *stealth*, lest discovery of the heinous deed should bring down the wrath of the administration. It was only a fortnight since that the Chef de Clinique of M. Louis, told me, it might cost him *his situation*, to say *the least*, were it *known* that he gave courses in auscultation. Apropos of M. Louis—he is now at Hotel Dieu, and has been since the first of January—having been previously for a long while at L’Hôpital Beaujon.

In the course of time, I apprehend that the hitherto boasted advantages (and justly vaunted too) of Paris, for *strangers* in pursuit of medical knowledge, will be most woefully diminished—so much so, that I doubt not the great influx of students will gradually cease; or rather, the tide

will flow in another direction, and not unlikely towards Germany. The hospitals, to be sure, are always accessible, but the private courses there given were of such immense advantage, that I do not think I err when I state that three fourths of the profit in attending them (*for a foreigner whose stay in Paris is limited*) is lost.

I did not intend to have so far extended this introductory note—and, premising that doubtless, in translating from my notes of M. Dubois's lectures, I may have made some omissions or committed some errors, I still hope that in the main the following observations are such as he gave them.

I am very respectfully yours, &c.

Paris, January 28, 1846.

WM. WALLACE MORLAND.

*Peculiar Alteration of the Placenta ; its effect on the Fœtal Life ; its Cause ; the requisite Treatment of the Mother, &c.*—M. Dubois commenced his first lecture upon this subject, by speaking of the vascular connection existent between the placenta and the uterus ; the sinuous arterial vessels, of medium calibre, which spread themselves between the uterus and the placenta, and then plunge into the substance of the latter. These vessels are exceedingly fragile : moreover, he does not consider the internal uterine veins as terminating with open mouths on the inner surface of the organ, but thinks that they are continued into the substance of the placenta by prolongations with very thin walls, for a short distance. If the placenta be plunged into water and slightly agitated, the remnants of this vascular apparatus are perceived floating. The peculiar alteration of the placenta about to be noticed, is styled, by M. Dubois, “apoplexy of the placenta,” and in many points is analogous to that of the lung. The organ presents a greater or less number of effusions into its proper texture, at various stages ; some are evidently of ancient date, and from these downward to the most recent effusions in gradation. The simple effusions are found in general near one of the two surfaces of the placenta (fœtal or uterine) ; in those near the uterine surface, the coloring matter of the blood is usually found to be absorbed, and a hard, white, solid tissue remains, *wrongly* deemed by some observers to be *scirrhous* of the placenta. The above alteration is not always found *at the surface* of the organ, but may exist *between* two healthy layers of placental texture. M. Dubois made an artificial arrangement of the *layers* in the placenta, in order better to explain the usual position of the apoplectic effusions. When these occur near the fœtal surface of the placenta, the vessels ruptured are of various calibre, but most often *small*, their branches being often utterly invisible—and when well seen, existent in the substance of the placenta and extremely near the membranes. An effusion, considerable in quantity, may push aside the membranes to some extent, and in such cases has been known to manifest itself by flowing from the vagina ; this, however, is rare. The effusions which are less in degree, cause a prominence at the surface of the organ, circumscribed and distinct ; of a red color, more or less marked. Those seen by M. Dubois have varied in size, from that of a common walnut to the English walnut. Occasionally they exist in great number upon the fœtal surface

of the placenta, and cause an appearance as of varicose veins, with occasionally one of large size, prominent among the rest. Often, likewise, the coloring matter of the effused blood being absorbed, the fibrinous mass remains; in this case the double fold of the membranes may be dilated by a certain quantity of liquid, and the fibrinous mass rest at the bottom. These fibrinous masses have been mistaken sometimes for a second *fœtus*, of retarded, or rather, *arrested* development.

There occurred a case of this description which was actually *DELINEATED* as being a *fœtus* of the above nature, and, as usual, the copy was made much *more striking* than the original. But, alas for the beautiful arrangement! M. Dubois, when the *piece* was shown to him, expressed his doubts, and on careful inspection *proved* to the chagrined presenter the falsity of his supposition.

Next to the effusions upon the surfaces of the placenta, come those which are detected in the more *internal* portion; that is to say, between two layers of tissue perfectly healthy. These, like the former, vary in number and size, which latter may be stated to be nearly the same as for the effusions on the surface. He considers that these effusions are *not simultaneous*, the proof being, that by the side of the hard, semi-cartilaginous masses formed by the absorption of the coloring matter of the blood and by a duration of considerable length (these masses existing in this variety of effusion, as well as in the former), there are observed some containing only blood in its *fluid* state, and others in a state of *gradation* from this to the hard mass. In the interior of these apoplectic cavities a membrane is formed, which contains and circumscribes the effused blood. When the effusion is somewhat more superficial in its location than the last spoken of, and approaches the internal surface of the uterus, it raises up before it in a marked manner the intervening layer of the placenta, sometimes to such an extent as to rupture this layer, although most commonly it only renders it thin. When entirely ruptured, not only is the placental tissue destroyed by the effusion, but the utero-placental vessels; arterial and venous, likewise, thus becoming an additional cause of effusion and increasing much its quantity, sometimes even to such an extent as to cause *external* hemorrhage. The *internal* bleeding and consequent displacement (*decollement du placenta*) of the placenta is often great—and that organ is forced by the flow of blood into a *cup-like* form, and this is filled with the effusion in proportion as this latter advances.

As to the *precise seat* of the primitive lesion, the *starting point*, M. Dubois thinks that in each variety (*viz.*, 1. The superficial effusion near the membranes; 2. At a *slightly* increased depth; 3. In the substance of the placenta and hidden or covered by two layers of healthy tissue; and, 4. *Superficial*, near the *uterine* surface) the *fœtal* vascular apparatus is the one in fault; with the *latter* variety, however, some maternal hemorrhage may be combined. M. Dubois expressed himself *vaguely* (and acknowledged it himself) in speaking of the *cause* of this condition in the *fœtal* vascular apparatus: it was something, he remarked, in the primitive organization of the product of conception ("*organisation primitive de l'œuf*"). These effusions were always the result of a state of *congestion*,



and he thinks the maternal organization is always congested when that of the fœtus is so.

I do not conceive why the vascular organization of one fœtus should be more liable to congestion than another; can anything in its construction cause it, except a peculiar disposition, form or interlacing of the vessels? And why should not the vascular system of the *mother* have a great effect upon that of the fœtus, especially as it is admitted to be congested at the same time?

This alteration of the placenta, which, as one would naturally suppose, has a powerfully disastrous effect upon the fœtal life, has been thought ascribable, by some, to the effects of constitutional syphilis. In this opinion M. Dubois does not agree. The effusions and alterations in the placental structure have an effect upon the functions of the organ, analogous to that of similar lesions in the lungs. The death of the fœtus in utero from this cause is much more frequent than has been supposed. The more extensive the lesions of the placenta, the more, of course, its functions are disordered—and the more, also, is the disturbance of the fœtal life manifest, up to a degree which induces its suspension. When very extended, the lesions produce, as it were, a sudden *destruction* of the placenta, as a *healthy* organ; most commonly, however, the effusions are *not* so extended, and in this case there is only *languishing* of the fœtal life; the *motions* of the infant are diminished in force and frequency; the mother herself instantly perceives this. If the effusions into the placenta increase, the diminution of muscular action in frequency and vigor is more and more marked. It is not *absolutely sure* that the fœtus has ceased to live when its movements are found to be *wholly suspended*. M. Dubois has seen, in this case, premature contractions of the uterus expel a *living* child; but *this* is rare. In most cases the mother experiences, during the course of these accidents, a peculiar feeling of uneasiness (“*malaise*”), perhaps owing to the state of congestion of the parts concerned, and there are partial contractions of the uterus perceived by her (“*reserrements de l’utérus*”), which commence at the same time with the production of the accidents mentioned (“*à partir du moment quand les accidents commencent*”). The cases of this sort are in their nature grave and troublesome to manage, causing much grief to the mother, especially upon the repetition of the same occurrences in many successive pregnancies, which take place with a wonderful and lamentable pertinacity, which nothing seems able successfully to combat. M. Dubois has known a like repetition of these same lesions four and five times in succession, and showed us the placenta of the last labor, which was filled with apoplectic collections—the child stillborn. There was, a few days before these lectures were delivered, a woman at the Lying-in Hospital, in precisely similar circumstances as regards the state of the placenta; she was delivered of a dead child—and M. Dubois says he doubts not that the same thing will occur should she again become pregnant. He spoke, likewise, of a lady, the wife of a celebrated artist in Paris, who had lost three children from the same cause (“*apoplexie placentaire*”) who, in her anxiety to have a living child, submitted to all the

requisitions of his treatment most willingly, and followed them with the greatest exactitude, but without success. The same accidents supervened in each of the three pregnancies at the *same* period in *each*—a thing which he has observed to be *quite constant*. This period varies in different women. He mentioned the above facts, and insisted on the extreme tenacity of reproduction manifested by the disease, in order to show the exceeding great difficulty of the *treatment*, and its consequent ill success in *most* instances. With regard to the repetition of these lesions in successive pregnancies, he could not express himself more strongly—he says, “Je ne connais pas un accident que se reproduit avec tant de persistance.”

**TREATMENT.**—Going back to his statement that “some particular construction of the product of conception, or of the vessels which establish the connection between the uterus and placenta, gives rise to a congested condition of the organ,” he founds the first proposition of his treatment upon that statement. 1. We must diminish the congestion (or modify the circulation) by acting upon the maternal or uterine system. He commences by enjoining the horizontal position to be *strictly* preserved. There is no cause so efficacious in producing and prolonging a congested state of the organs concerned, as the *vertical* position. Notwithstanding that this is strikingly true, he stated that he had met often with well-educated physicians who *opposed* the adoption of the *horizontal* position. He here gave rather a sharp cut at the idea which females principally, but sometimes physicians also, have, that a *great deal of exercise* is absolutely *necessary* during pregnancy. To say nothing more, in cases like those under consideration, nothing can be worse. He added, in reference to the horizontal position, “Je l'appelle une chose capitale.”

2. A diet *somewhat* restricted.

3. Complete freedom of the bowels, obtained by emollient injections and mild laxatives, in order *completely* to avoid any pressure of fecal matter upon the pelvic vessels, which might cause congestion in the neighboring organs.

4. *Entire* absence of conjugal connection; the accompanying excitement would seriously augment any existent congestion. A celebrated French midwife, Madame La Chappelle, has remarked that sexual intercourse is an *exceedingly* frequent cause of abortion. This being true, it is easy to see, likewise, its bearing and influence in the cases under consideration.

5. *Bleeding.*—*Derivation* should be the design in bleeding a patient, affected with the disease in question. Two or three ounces should be taken at a time, at periods preceding (a very short time) the usual menstrual term. Women usually feel a *certain uneasiness* just before the menstrual flow, and it is at this moment that the congestion of the organs, which always accompanies the function, commences; this, then, would be a proper time for a derivative bleeding. Sometimes, this uneasiness exists *after the subsidence* of the menstrual flux; and in such cases M. Dubois has bled patients with advantage. This latter occurrence is, however, rare; when it does occur, the uneasy sensation may be greater,

even than that existent previously to the flow, and sometimes simulate the pains felt upon the expulsion of clots after delivery ("coliques des femmes en couche").

6. In the great majority of cases, the women in whom this affection of the placenta exists, are feeble, anæmic and affected with chlorosis or an approach to it. Persons who have, thus, a thin, impoverished blood, are more exposed than others to *partial* congestions, the blood not being well distributed; hence arises an important indication, viz., to enrich the blood and strengthen the individual. Preparations of iron. ("Donnez les ferrugineux.") M. Dubois deems it a great error to abstain from the use of these medicines in such cases, from the fear of provoking uterine hemorrhage; he does not consider these preparations as emmenagogues *per se*, but *secondarily*, by establishing the system and thus regulating the functions.

7. *General Baths*.—Physicians are apt to think that baths provoke generally the menstrual evacuation, and thus may suppose that the use of them in cases of placental apoplexy would be injurious by increasing the congestion of the vessels. M. Dubois has often employed them, and has never seen any bad results from them; he thinks them useful.

8. When the contractions (reserremens) of the uterus which supervene are *neglected*, they become, from being *painless*, quite *painful*. Injections of laudanum, ten drops at a time, may then be given, repeating every half hour. In this way he has exhibited large quantities in a short time—one hundred drops, for instance, in four hours. Taken by the mouth, laudanum is apt in these cases to excite vomiting, which would be injurious by causing the uterus to contract still more. The exhibition of the remedy should be watched with regard to its *effects*, by a capable person, and continued or suspended accordingly.

*Period at which the Treatment should be commenced*.—This is variable, and must be determined by the time when the accidents make themselves evident. If they have occurred *early* in a previous pregnancy, the treatment should be commenced early in a succeeding one; for instance, if at the *fourth* month, begin the treatment fifteen days before that epoch. The period of commencing lesions may be diagnosed, as has been above stated, by diminution in the frequency and force of motion in the infant, arriving sometimes to a degree, which may be styled temporary suspension, the intervals varying ("suspension temporaire"). When these circumstances are perceived, it is absolutely necessary to interfere at an earlier period; it would hardly be justifiable to subject the mother to a treatment which, to say the least, requires much patience on her part. The treatment should be invariably commenced by the horizontal position and complete rest.

How long should the treatment be continued? M. Dubois thinks for a month or six weeks, dating from the commencement of the manifestation of the accidents. The means of treatment should be dispensed with *gradually*; the horizontal position not left too suddenly, but by degrees, &c. He does not deem it necessary that the treatment should be continued to the end of the pregnancy. This treatment *has* succeeded in his hands,



but very often, also, has failed, as was remarked above—particularly in the case of the artist's wife, and likewise in instances at the Hospital de La Maternité.

# REPLY TO DR. HOLT'S "REVIEW" OF REMARKS ON HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

"How I have treated it, I do not know—  
Perhaps no better than they have treated me  
Who have imputed such designs as show,  
Not what they saw, but what they wish'd to see;  
But if it gives them pleasure, be it so,—  
This is a liberal age, and thoughts are free."

I LIKE the "spirit" manifested in the "Review" of an article on homœopathy lately published in the Journal; indeed, its generous tone has disappointed me, being directly opposite to the disposition generally shown on such occasions by the converts of Hahnemann. Free expression upon the subject, "stirs up the deep pool of envy, hatred and wrath," in the advocates of this new system of practice, and in this way they avoid fair argument, and hear but one side of the question. Not so with Dr. Holt; and I am right glad to find one of the sect come out in "open day," bearing his *own* "ensign to the breeze." This is more honorable than "slander," or the malicious assaults of "One of the Profession," whom I should dread to meet at midnight—ay, or at noon-day; I would rather far be *crushed* beneath the anaconda's stroke, than *touch* the tooth of such a filthy *reptile* as strikes me unawares.

In his (Dr. H.'s) review of my paper, he has won no laurels for homœopathy. He has not *proved* that medicines *do* induce an artificial disease, like the natural one; that the organism only remains under the influence of this medicinal disease; that *this* is of *short duration*; and that all these effects can only be produced by a medicine capable of inducing similar symptoms. He has made some *assertions*, but *cui bono*? We want the *evidence*. He passes over the "shakes," and the analysis of homœopathic medicines, "without a scratch"; but *skips* along, admitting uterine hemorrhages, incarcerated hernias, &c., are bad things to handle; says something about shingle nails in the stomach, and then accuses us of acknowledging the value of his doctrine in neuralgia, scarlatina, &c. For my own part, I should have as much confidence in the value of homœopathic medicines, in removing a pound of "nails" from the stomach, as of their power in the disorders mentioned. If we have ever expressed a different opinion, will Dr. H. be kind, and furnish the *proof*; we want the *evidence*; *truth* is the mountain of our strength, and without facts we shall not be satisfied.

I think Dr. H. has one fault (most men have more than one), that is, he finds his opponents so ignorant; they have read so little; their knowledge is gained from bad sources, &c. If I am not mistaken, W., the writer of a letter on homœopathy, was "charitably" excused for his ignorance!

If Dr. H. had known the man of whom he was speaking, would he have accused him of "ignorance?" We laugh at the charge; I am sure we need not weep, for to call this patriarch of medicine (as he has been aptly styled), *ignorant*, is but to incur the ridicule of the public.

—————"Night after night, for years,  
He hath pursued long vigils \* \* \* without a witness."

What W. would call reading *little*, some men would swell into volumes of enormous size—ay, it would *educate* some, to understand *this little*. With regard to my own reading, it ill becomes me to speak. Suffice it to say, it has taught me that modern practitioners of homœopathy quote their great master (Hahnemann) for their *special* convenience; frequently rejecting him, but quite as often, forgetting the "*non-essential*" and the "*absurd*" things which, they admit, he has said, they "*tack ship*" and make him their great lawgiver *non obstante*. Again, I have "*read*" in their own books that cathartics, emetics and blisters are *sometimes* useful; that dry cupping in congestion of the blood will do good; that blood-letting can be resorted to on homœopathic principles! To the *old school* this looks a little like using the "*stronger powers in the hour of danger*"; and some of the *new school* say that "*Homœopathy appears to be merging rapidly into blind, headlong allopathy, &c.*" The "*mechanical*" and chemical methods mentioned by Dr. H. *are, or may be*, properly termed homœopathic accommodators; they will always act with certainty and success.

Dr. H. believes that if I would use doses properly prepared, and did not interfere, &c., I could do great things with little means. If he has reference to homœopathic preparations, I must inform him that I have used them (though I blush to make the confession to my brethren), and the result of the practice was far from being satisfactory. "*By testing it,*" I became convinced that it is a silly business, and in speaking of it I am not influenced or bound in any way; I only give my honest opinion, and shall change that opinion when I find it is an erroneous one. Dr. H. admits that large and small doses of aconite produce perspiration and relieve fever; he admits "*this is all true,*" to what end I know not. I was aware that two or three grains of aconite, or ten or twenty drops of the tincture, would do these things, but that the 2000th potence would do the same, even if properly prepared, I dare not credit, though the assertion is made by one recently from "*the land of steady habits.*" Dr. H. has said nothing on this point that contravenes any statement that I have made heretofore upon it, and for this reason I will drop the topic till I have occasion to resume it.

Dr. H. says, "There was more bitter hostility manifested against Dr. Boylston, in Boston, for advocating inoculation, a century ago, than there ever has been against homœopathy." I suppose by this he intends to show that there is strong analogy in the two cases, the discovery of inoculation and homœopathy; but I am not able to see any similarity—the first being a *rational* manner of communicating a disease, *every case* showing its propriety and safety; while the second is an hypothesis, the recuperative powers being mistaken for the influence of what *Hahnemann*

styles "spiritual essence," or, to be understood, the spiritual workings of remedies.

Perkinsism was approved by the Faculty of Copenhagen, and its institutions were formed in England and other countries for the resort of invalids. Bostock says, "except the renewal of lost parts, or the change of mechanical structure, nothing seemed beyond their power to accomplish." Another informs us that, "Obstinate pains of the limbs were suddenly cured. Joints that had long been immovable were restored to motion." And yet the tractors made of wood, with "assumed pomp," were as potent as the *metallic tractors*!

In Perkinsism I think I have found a parallel to homœopathy. The *first* is only remembered as a curious fact, illustrating the weakness of humanity; but the *latter* is at its meridian splendor, and I am willing to leave it for "time" to decide which has been the greatest "humbug." Time will show their analogy; it will develop the mysteries, the "spiritual essences" of the one, as it has done of the other. My "homœopathic brethren will not interrupt *him*"; he will "keep" himself "on the track" without a monitor.

Is hydropathy an hypothesis (or "humbug"), does it appear like "quackery," or is it a true science? Notwithstanding the wonderful cures done by it, and the respectable testimony given in its favor, I think it resembles *Perkinsism* and *homœopathy*. Can the learned Dr. H. see their analogy? If he *can*, he may draw from the subject some important lessons. I leave him to his own reflections, and for the present bid him an affectionate farewell.

J. P. LEONARD.

*Lime Rock, R. I., Feb. 23d, 1846.*

#### OBSTETRIC PRACTICE—OPIUM IN UTERINE HÆMORRHAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reading the February No. of the London Lancet, I notice the report of a case of obstetric practice, entitled "hemorrhage before and after delivery; total cessation of the labor pains after the expulsion of the head, &c., by J. F. M'Veugh, Esq." I wish, through your Journal, to make a few remarks on that case, showing the common practice in this vicinity in such cases, and the means we should have used to overcome the difficulties that presented themselves. "The uterine contractions were irregular and feeble; the membranes had ruptured a few hours previous, and a pretty copious shedding had since continued." In about twenty minutes after this, the head was expelled, and all uterine action ceased. After waiting about half an hour in vain for the spontaneous action of the uterus, the surgeon commences the extraction of the child, and removes it. Its removal was followed by "a copious discharge of coagula and fluid blood, to the amount at least of three pints." Now what would an American practitioner do in a like case? the pains feeble, head of the child expelled, uterine action having ceased. Why he would give the woman twenty or thirty grains



of ergot, and wait a few moments for the pains, and if they did not occur in a reasonable time, he would commence slowly the extraction of the child, and by that means almost assuredly save the woman her three pints of blood to recruit her strength upon. But the surgeon in this case, having separated the child, directs his efforts to restrain the flooding, "which set in alarmingly," administers two large doses of opium, and finds, by grasping the uterus and friction, that he does not succeed; finally introduces his hand into the uterus, and very properly separates the placenta and extracts it; which did not cause the uterus to contract, until he had externally applied cold water, and given another dose of opium. All the above means were very good, provided he had tried, in the first instance, the very simple method of giving a large dose of ergot, which would probably have saved the woman a great deal of pain, and the loss of much blood.

My chief object, however, in commenting upon this case, is to give my own impression of the effects of opium in controlling uterine hemorrhage. The author of the report of the above case says, "the effect of opium on the muscular tissues is to cause a relaxation of them sooner or later"; and "we must not attribute any power to opium in being able to arrest hemorrhage from the uterus by any specific action on that viscus." Opium acts, in his opinion, by controlling the general circulation, thereby allowing coagulation to take place in the uterine sinuses." Now I have observed that the uterus has a tendency, when emptied, and more especially when its contents are suddenly expelled, to contract unequally; and also, that when ergot has been given, I was more apt to have an unequal or spasmodic contraction of the uterus, than when it was permitted to contract by its own natural efforts. I have likewise noticed, that hemorrhage more frequently occurred, when the uterus was affected spasmodically, than when the contraction was equal over its whole surface. Now if you give an opiate to prevent or remove all spasms from the muscular fibres of the uterus, you at the same time prevent hemorrhage; and, in accordance with these views, when I give ergot to prevent hemorrhage after the expulsion of the child, I always give opium with it to prevent spasm. I also give opium after the delivery, if I give ergot to expel the child; considering, that the great benefit of opium in uterine hemorrhage arises from its removing the tendency of the muscular fibres of the uterus to spasmodic action, and quieting the nerves of the whole system.

*Quincy, Mass., March, 1846.*

EBENEZER WOODWARD.

#### LIVING LECTURERS IN PHILADELPHIA.

[UNDER date of January 27th, a correspondent of the Boston Atlas communicates a graphic picture of some of the living medical lecturers of Philadelphia. It is, with some omissions, transferred to our pages, as it was evidently written by some one well qualified to speak of the distinguished men in question.]

I hardly know how I can interest you more than by giving some little

description of the gentlemen filling the professors' chairs of the medical department of the University of Pennsylvania.

Should you go to the College at 9 o'clock in the morning, you would probably find yourself in a large lecture room, the seats of which ascend gradually from a stage surrounded by a balustrade, and in the midst of which is a desk, neatly trimmed with green drapery. The seats are all filled, and there are many gathered around the door of the room—for one of the most popular of the lecturers is soon to commence. The doors immediately back of the lecturer's desk now open—and, as a small, thin man, with sharp features, twinkling gray eyes—nervous and brilliant—and with long, straight, iron-gray hair, enters, smiling and bowing, the canes rattle upon the floor like mad. Laying a small strip of paper upon the desk in front of him, Dr. Jackson commences his lecture upon the Institutes of Medicine. As he goes on, in a most impassioned and eloquent manner, giving most apt and happy illustrations to his arguments, which are energetic and conclusive; and, as he leads his audience through the minute cells of the human system, describing the various functions of its various parts, and the physiological phenomena presented by living beings, there is a death-like stillness in the lecture room, which his voice alone breaks, or an occasional and involuntary burst of applause—followed by long sighs and full breathings, which have been suspended by the anxious listeners, as they followed the speaker through some of his eloquent and elegant passages. Dr. Jackson is quite an original thinker, and a man of much more than an ordinary intellect—and, besides these native powers, he has been a close student, and is perfectly at home in his department. As soon as his hour is passed, which has been but too short, the Janitor rings his bell—and he, by the way, is none other than a *Benjamin West*—when all jump, and then rush for the amphitheatre, which is immense. Here, seated in large circles, are the half thousand aspirants for M.D.'s, with their hats upon their heads, which remain there during the lectures. This custom prevails, in part, I presume, from the influence of Quakerism, and in part from necessity.

Soon, a man of 55 or 60 years of age, with a full, pleasant countenance, blue eyes, a handsome aquiline nose, and grey hair—of a fine and powerful frame, dressed in a black frock coat, buttoned snugly over a crimson-velvet vest, and drab pants—walks, with a quick and elastic step, into the area, at the foot of the seats, and stands in an easy and surgeon-like attitude, acknowledging the compliments the noisy canes pay him. In a rapid, bold, and pleasing style, never disconcerted by noise or disturbance in the room, Dr. Gibson, without notes, and without the least hesitation, discourses on the principles of surgery, until the Janitor shakes his bell again, at 11 o'clock.

Then there is another instantaneous jumping, pushing, rushing, tumbling scene; and, as if the amphitheatre had been under the influence of some powerful emetic, it is almost instantaneously evacuated (pardon the professional figure), and the first-mentioned room is again filled.

Dr. Gibson stands high, not only as a lecturer, but also as an intrepid and successful surgeon, and possesses that immobility of mind, so necessary to the emergencies of an operating surgeon's life.

Gathered once more in the first-described room, we must wait five or ten minutes, when an 'old gentleman of about 75 years of age, with rather a large earthly tabernacle, grey, almost white hair, a large Roman nose, heavy, coarse features and grey eyes, enters the door upon the stage, bearing his lecture folio in his hands. Now the room, and almost the welkin, rings with the rattling of canes. The old man walks from one side of the stage to the other, while the applause continues, bowing to his audience. This old gentleman is Dr. Chapman, distinguished in days past as a scientific man, and a highly successful practitioner, and extensively known as a voluminous medical writer. His sun, however, is sinking. Like most old men, he is very tenacious of his opinions, and is very free to assert and maintain them. The doctor has been no less renowned as a punster and wag, than as a medical writer; and, as he has an impediment in his speech, his anecdotes and puns have a peculiar zest, being spoken in a decidedly nasal twang, as he has no hard palate to his mouth. He is, in the true sense of the term, a *fine old gentleman*, has been a free liver, and for many years a lecturer in the University of Pennsylvania; or, as he himself says, he "has lectured there, God knows how long." Having passed an hour with Dr. Chapman, convulsed occasionally with laughter by his sallies of wit, the bell again strikes; another rush, and Dr. Hare's immense laboratory is filled. Soon, the old man walks into the room with a black velvet smoking cap upon his head, and paces back and forth in a most indifferent manner, until the applause which welcomes him has ceased, for it is highly disagreeable to him. Dr. Hare is a man upwards of 70 years of age, very plain in his personal appearance, rather short and robust in his figure, with a very large head, thickly covered with gray hair. He has coarse features, and a large face, marked by scars, which he has received by the accidental explosions of some of his apparatus, during philosophical researches. In his manipulations in the lecture room he is exceedingly awkward, and depends chiefly upon an assistant to exhibit the experiments, in connection with his lectures; as a speaker, his style is dull and heavy, and, to one listening to chemical lectures for the first time, it must be very obscure. Occasionally, he introduces some anecdote or cutting remark, to add interest to his lecture, or as a means of administering reproof for any disturbance or misdemeanor in the lecture room. One, which occurred a few days since, is in illustration of this point.

He was extracting a piston from a cylinder, which, on being drawn out, popped like a drawn cork—and, upon repeating the experiment, some one of the class made a similar noise with his mouth; whereupon Dr. Hare, turning to him, remarked, in a most scornful manner, that he presumed the young man's head, who made the noise, was as empty as the bottle he would represent. Another day, being excessively annoyed by the rattling of canes, he observed, that there was no faculty of his mind so powerful as that of association, and then related the following anecdote: "I once owned, young gentlemen, a beautiful and sagacious dog, which invariably made my bed his lounging place. For this, I repeatedly whipped him. In a short time, though he made my room his



quarters, I never knew of his presence there, but by hearing him rap his tail upon the floor, *under my bed*. Of that dog I am constantly reminded when I enter this room." The intimation that the applauders were puppies, quieted their boisterous caves for a while. Such is the celebrated philosopher, the American chemist, Dr. Hare. He is bold and persevering in asserting and maintaining his claim, both to the origin of many ideas, and the invention of much chemical apparatus, as well as to the honor of many discoveries in the science. He is a very absent-minded man, and consequently perfectly independent in his thoughts and manners.

At 12 o'clock the amphitheatre is again filled, and near a table, loaded with anatomical preparations, of the most perfect kind, both recent and dried, stands Dr. Horner, the lecturer on anatomy. He is about 55 years of age, quite plain in his appearance, but younger looking than he really is, as he wears a wig which alters his physiognomy quite materially. Though not a man of more than ordinary intellect, he has, by indomitable perseverance, risen from quite a low station, to be one of the first lecturers, the first anatomist and microscopical observer in this country. When a young man, he was an assistant to the lecturer who filled the chair he occupies at present. Like the celebrated John Hunter, he acquired a taste for the science, has completely mastered it, and has become an excellent demonstrator and lecturer. As a surgeon and physician, he has a high reputation and a large practice.

Should you attend the lectures in the afternoon, you would find yourself in the large amphitheatre; while in the area you would, every other day, see a fine-looking, finished gentleman, with a highly intellectual, pleasant countenance, standing under a bower of medicinal greenhouse plants, and trees, with the table, in front of him, covered with drugs and herbs—solutions and tinctures—extracts and decoctions. With a fine musical voice, in the most beautiful and apposite language, in a purely chaste and elegant manner, Dr. Wood, despite your contrary efforts or predilections, would make emetics and cathartics—bitters and nauseating mixtures, the most agreeable things in the world. I think, of all the numerous scientific lecturers I have had the good fortune to hear, that Dr. Wood bears off the palm.

The seventh and last one of the professors, is Dr. Hugh L. Hodge, who lectures upon alternate afternoons with Dr. Wood. Dr. Hodge is about 45 years of age, with brown hair, fair complexion, which bears evident marks of his labors, with a thoughtful and intellectual expression of countenance. His figure is small and spare—his voice weak, and rather unattractive. As a lecturer he is scientific and close—never indulging in jests or anecdotes, but goes right straight on with his subject. It is said he was never seen to smile, in the lecture room, under any circumstances whatever.

Connected with the University, as a lecturer upon chemical medicine, is a gentleman extensively known as a man of science, and as a writer upon pulmonary affections. I allude to Dr. Gerhard. He is a young man, perhaps 36 years of age, with quite an unprepossessing face. He is, nevertheless, a man abounding in eccentricities, as well as medical knowledge.

Such, then, is a hasty description of the professors of the medical department of the University of Pennsylvania—the men who stand at the head of the profession in America. They are talented, laborious and worthy ; all of them respected, at home and abroad.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1846.

*Value of Human Life.*—Appended to Mr. Secretary Palfrey's report to the Legislature of Massachusetts, on the registration of births, marriages and deaths, is a letter from Lemuel Shattuck, Esq., of Boston, that shows his eminent qualifications for conducting inquiries into these important statistical subjects. No man in New England writes so well or evinces such perfect familiarity with vital statistics.

"The impression seems to have become general," says Mr. Shattuck, "that human life is improving; that it is longer and healthier now than formerly. This, however, needs confirmation, before it shall be asserted as truth. From investigations which have been made, I am inclined to think otherwise, especially in some places, and when the present time is compared with a period fifty years ago. We do not know, though we ought to know, how far our habits—the universal thirst for wealth in America, the reckless speculations of some, the hap-hazard mode of living and disregard to health of others, the luxury and extravagance of certain classes, and other practices of modern society—tend to check the progress of the population, increase disease, and weaken the race.

"The average duration of life, and the average age at death, vary according to different influences. We have not, as yet, a sufficient number of facts to illustrate these differences in America."

His views in regard to laws of registration, are thus beautifully expressed :—

"But we would not rest our reasons in favor of Registration on any pecuniary view of the subject. Man is not a mere producer—a mere machine. His life or death, his happiness or misery, are much too high objects upon which to place a pecuniary value. He is more nicely made, more wonderfully organized, requires to be guarded with more care from any influence that may surround him, to produce disorganization and unfit him for use, is capable of higher and more noble purposes, and has a higher and more noble destiny; and in proportion as in each of these he exceeds a mere machine, in such proportion ought we to regard his intellectual and moral nature, and the means used to preserve and develop his physical powers to enable him best to accomplish the great purposes of his intellectual and moral existence.

"This is a matter of great magnitude. It deserves that full illustration which could only be derived from facts preserved and gathered from every part of the State. 'As there is a poverty that is self-inflicted, and may be self-removed,' says a late writer, 'so there is a certain amount of disease and annual mortality in every place that is self-inflicted; and the

community that does not strive by every available means to reduce its disease and mortality bills to the lowest sum of human suffering, and the lowest rate of annual mortality, is as guilty of suicide as the individual who takes with his own hands the life God has given, and hurries unbidden into the presence of his Judge.'

"It may be asked, what can the Government do to arrest the hand of death? We do not suppose that an act of the Legislature can compel a child to live, or an adult to keep his energies in a healthy state of action. But it is as certain that human life may be prolonged by knowledge and care, as it is that an ox will fatten, a silk worm spin its thread, or a plant thrive, better, where knowledge and care are bestowed, than where they are not."

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*Compendium of Lectures on Theory and Practice.*—N. D. Benedict, M.D., Physician to the Lying-in Department of the Philadelphia Hospital, with the permission of Dr. Chapman has prepared a volume from the professor's manuscripts, and, with that gentleman's approbation, published it. The author expresses himself as though he felt exceedingly thankful for the assistance rendered him in the execution of the compendium—and yet there is nothing in sight which could give him much difficulty in constructing the book—not a word of which, it is presumed, Dr. Benedict ever wrote, with the exception of four lines of dedication and a laudatory preface. Dr. Chapman is fully entitled to all the reputation he enjoys; but it cannot be possible that he is gratified with such an avalanche of praise as Dr. B. here brings forward. Either Dr. Benedict mistakes fulsome language for personal respect, or gross adulation for good sense.

We now come to the text—and there the true master is discoverable. A direct method is pursued of explaining the characteristics of disease; the phases; predisposing and exciting causes; diagnosis, prognosis, critical days; autopsic appearances, &c., especially in fevers, and in a manner to be exceedingly serviceable to practitioners. The essence of things is presented to the eye at once—which those who lead a life of incessant professional toil, of all men, know best how to estimate. A writer who has transmitted graphic sketches of some of the living medical teachers in the University of Pennsylvania, and which may be found in to-day's Journal, intimates that Dr. Chapman is a declining sun. We admit the fact, but insist upon it that he grows larger as he descends. This volume gives no indications of a waning intellect. No striking points of genius, however, are discoverable in any part of the *Compendium*; nor are there such arrangements of every-day matters in medicine as to astonish the student. On the whole, we regret that Dr. Chapman had not taken the laboring oar himself, instead of allowing any one to get a passage down to posterity on the back of his reputation. The charming volume which has been given to the world by Dr. Chapman, under his own talismanic name, and for which he was solely responsible, will be a brighter memorial of his acquirements as an American medical philosopher, than this *Compendium* of his lectures by Dr. Benedict.

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*Gross's Liston's Surgery.*—In a short time after the appearance of a grand system of Pathological Anatomy, by Dr. S. D. Gross, of the Louis-



ville Medical Institute, we are directed to the examination of a carefully revised American edition of the *Elements of Surgery*, by Robert Liston, Esq., with notes and additions from the industrious pen of Dr. G. Mr. Liston's reputation has a wide range, and especially so in America. He is commented upon, simplified, and his views made clearer, by the judicious, practical observations and illustrations of one who speaks from authority, viz., from the results of his own extensive experience.

We can say nothing now of the new edition, further than this—that Dr. Gross has bestowed unwearied pains to adapt it to the present condition of things. It is modern in every respect, since it contains the latest improvements, and the very last discoveries, in the domain of operative surgery, both here and in Europe.

Messrs. Barrington & Haswell, who have a good reputation for their care in bringing out medical works, are the publishers. The diagrams and plates are accurately drawn, and serve well to explain the propositions of the editor. The volume is a portly octavo of 664 pages. In Boston, copies will be found at Ticknor & Co.'s.

*Dr. Cogswell's Address.*—At the graduation of those who were admitted to medical degrees at the close of the late lecture term in Yale College, Conn., Wm. H. Cogswell, M.D., one of the board of examiners, addressed the candidates, embracing those who were simply licensed to practise, in a plain and faithful manner. Those who are influenced by his sage advice, will rise to both usefulness and distinction. Some parts might be extracted to advantage; but we have not room at present.

*Baltimore Dental College.*—On the occasion of graduating a class of gentlemen who had been attending lectures at this active institution, Dr. Harris made a valedictory address, replete with affectionate good will for their future welfare, respectability and success. "A bad dentist," says the doctor, "is fit for nothing in this age. There is not a gap in creation of the right shape for him to fill, except it be the mouth of credulity, which is ever ready to swallow all kinds of absurdities. The time has well nigh arrived when men will not be able quit another occupation one day, and commence the practice of dental surgery the next." Such metamorphoses are quite common here in New England. Some who have not succeeded satisfactorily in mechanical pursuits, turn dentists with as much facility as they turn a coat-sleeve. And, stranger still, they rarely fail of securing both reputation and large fees.

*Consumption Prevented.*—Dr. Cornell, the author of a popular treatise on the mode of preventing pulmonary consumption, cannot be accused of idling away life. His steady devotion to the cause he has recently espoused, of disseminating the elements of medical science for the good of the people, is a rebuke to others who are qualified to labor in the same benevolent vineyard.

The treatise to which these remarks refer is a small 12mo, divided into two parts; the first containing three, and the second twelve chapters, replete with that kind of information which those predisposed to phthisis

ought to understand. He says, very candidly, that he has nothing new to offer; but his appropriate arrangement of old facts, gives both interest and importance to what he here presents on this sweeping desolation of New England.

Dr. Cornell goes upon the presumption that physicians have books enough on this subject, and he has therefore devised this for another class of readers. May success attend his benevolent exertions.

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*North Western Journal.*—Proposals have been issued at Chicago, for the bi-monthly publication of a new journal of the medical and physical sciences, under the auspices of the North Western Academy of Laporte University, to be edited by Dr. M. L. Knapp. Accompanying the prospectus, a call is made upon the medical fraternity of the West, in strong terms—"Make a good first impression. Send fifty striking cases, of remarkable interest—triumphs of your art, drawn up in brief, *veni-vidi-vici* style, for the first No."! Subscription, \$2 per annum, in advance—single copies 50 cents, and to appear in May and June next.

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*Albany Medical College.*—Forty-two gentlemen were admitted to the degree of Doctor in Medicine in this College at the close of the term. One hundred and fifteen students attended the course of lectures. The vigor and usefulness of the institution are unimpaired, and fully meet the high hopes of its friends. Dr. March is an expert, skilful operator, who leaves no opportunity unimproved for benefiting a class with a sight of whatever is rare in his department. The reputation of T. Romeyn Beck, M.D., one of the authors of the great work on Medical Jurisprudence, who belongs to the Faculty of the College, is a pillar of strength of no ordinary character.

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*New Tooth Instrument.*—Two weeks since, Dr. Smilie gave a description of a newly-invented instrument for extracting teeth, the result of his own mechanical ingenuity. His description, to our apprehension, fell far short of the object. To be appreciated, the instrument must be seen, and then its true principles and capabilities can be fully understood. The hook and fulcrum constitute a compound lever, operating curiously, to raise a tooth perpendicularly out of the socket. There is neither racking nor twisting in the operation, the great objection to all former contrivances. One striking peculiarity in this, is a bifurcation at the end of the bar where the hook is attached. A specimen, from the beautiful manufacturing establishment of Mr. Hunt, corner of Water and Washington sts., the depot of surgical cutlery, may be seen by calling on the editor. Dentists must have an interest in this ingeniously-constructed key, and they are solicited to investigate the claims of the inventor.

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*Artificial Nipple.*—Dr. Elijah Pratt, of New York, has patented a curious little contrivance for enabling those mothers who suffer from inflamed nipples, to nurse their children with ease and comfort. A metallic cone fits tightly round the base of the inflamed organ, without touching it. Over the apex, where there is a delicate valve, is placed an elastic

artificial nipple. The milk flows freely, both for mother and child. It deserves the patronage of this class of suffering mothers. Mr. William Brown, a druggist of celebrity at the corner of Elliot and Washington sts., is the only person having the instrument on sale, in Boston.

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*New Medical Edifice in Boston.*—Arrangements are in contemplation, says report, for the speedy erection of a new and more commodious edifice for a medical college. The old Mason St. building is to be abandoned. Dr. George Parkman, of this city, has presented a site for the new fabric, near the Massachusetts General Hospital, sixty feet by one hundred. This is generous indeed, and should not be forgotten by those who control the destiny of the institution.

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*Mortality in Rochester, N. Y., for 1845.*—A writer in the Daily Democrat, of Rochester, states the number of deaths during the last year in that city to have been 502. The number under 5 years of age was 245, or rather less than one half. The population of the city being 25,207, the rate of mortality is shown to be 1 in 50.21, or a little less than 2 per cent. The number of deaths from consumption is reported by the city sexton as 77; from scarlet fever, only 9.

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*Transylvania Medical School.*—The Chair of Theory and Practice in Transylvania University has been made vacant by the resignation of Prof. Watson. This event was the result of impaired health produced by the duties incident to the Chair, and a desire to engage in more active life. Prof. Watson retires with the good wishes of his late colleagues, and of the medical class. Resolutions were passed by the class, expressive of their regard for Prof. W. in his social and professorial relations.

The Chair of Obstetrics, made vacant by the death of Professor Richardson, has been filled by the appointment of Prof. Samuel Annan, of Baltimore. Professor Annan's reputation as a teacher and medical scholar is too well known to the profession at large to require any special notice. Dr. A. was instrumental in establishing the Washington University of Baltimore, in which institution he has been an able and successful teacher for twelve or thirteen years. And in addition to his regular lectures in the University, he has delivered clinical lectures in the Baltimore Alms House. Prof. Annan is also a writer extensively and favorably known to those who have carefully read the different medical periodicals—especially the American Journal of Medical Sciences.

The Chair of Theory and Practice, vacated by the resignation of Prof. Watson, has been filled by the appointment of Professor Elisha Bartlett. Prof. Bartlett is so favorably known as a successful teacher, that the announcement of his name is sufficient to secure the entire approbation of the friends of the school. Prof. Bartlett at a former period occupied the same chair for three successive sessions; and no teacher in America ever gave more general satisfaction.—*Western Lancet.*

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*Medical Miscellany.*—Mr. Harris, of the Kentucky Senate, stated in his place, that in the counties of Breatheth, Perry and Letcher, there was not



a single physician. A crowd will probably rush into the vacuum now.—Intimation is given of the probable establishment of a hydropathic institution in Lynn, Mass.—A man died at Rochester, N. Y., whose heart weighed thirty-two ounces, three times the usual size of the healthy organ.—Dr. Braddee, the notorious mail robber, convicted at Pittsburgh, and sent to the penitentiary for ten years, died on Friday night, after five years confinement. He made a full confession, implicating several others not suspected.—At the Court of Common Pleas in Portsmouth, N. H., a man named Sleeper obtained a verdict of \$250 damages for unskilful treatment in setting his collar bone, which had been broken. The bones united, but not in the proper place.

ERRATUM.—On page 365, last volume, line 11, the reader is requested to alter, with a pen, the word "terminous," so that it may read verminous.

TO CORRESPONDENTS.—Dr. North's paper came too late for insertion in to-day's Journal.

MARRIED,—In Boston, Samuel Hamblin, M.D., to Miss S. A. Curtin.

DIED.—In Boston, Dr. Martin L. Peters, formerly of Sandwich, N. H.—In Ashby, Mass., George Clark, M.D., 26, of pulmonary consumption.—In Shelburne, Mass., Dr. Rufus Forbush, 26, of consumption.—At Cheshire, Conn., Dr. Thomas T. Cornwall, aged 79. Dr. C. had long been favorably known to the medical profession. He practised professionally 57 years—3 years in the town of Trumbull, and 54 years consecutively in Cheshire.—At Lawrenceville, Ill., Dr. E. B. Danforth, late of Vermont, 26.—In Glasgow, Scotland, Dr. Alexander J. Hanney: William Ferguson, M.D., of the same city, Inspector General of Military Hospitals, in his 73d year.

Report of Deaths in Boston—for the week ending March 7th, 53.—Males, 24, females, 29. Stillborn, 8. Of consumption, 10—smallpox, 9—rheumatism, 1—bilious fever, 1—dropsy on the brain, 2—infantile, 2—scarlet fever, 4—disease of the spine, 1—old age, 4—cholera infantum, 1—lung fever, 5—brain fever, 1—inflammation of the bowels, 2—delirium tremens, 1—croup, 1—disease of the heart, 1—pleurisy, 1—cancer, 1—bronchitis, 1—inflammation of the lungs, 1—throat distemper, 1—erysipelas, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 9—between 20 and 40 years, 16—between 40 and 60 years, 4—over 60 years, 7.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 463 ft.

| Feb. | Therm.       | Barometer.          | Wind. | Feb. | Therm.        | Barometer.          | Wind. |
|------|--------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 7 to 12 | from 29.68 to 29.75 | N E   | 15   | from 11 to 18 | from 29.80 to 29.93 | N E   |
| 2    | 17 32        | 29.71 29.73         | S E   | 16   | 16 31         | 29.20 29.32         | S     |
| 3    | 31 33        | 29.36 29.53         | S W   | 17   | 14 36         | 29.34 29.40         | W     |
| 4    | 23 38        | 29.38 29.45         | N W   | 18   | 19 26         | 29.50 29.58         | N W   |
| 5    | 28 36        | 29.14 29.21         | N W   | 19   | 4 28          | 29.60 29.60         | N E   |
| 6    | 27 38        | 29.40 29.45         | S     | 20   | 17 29         | 28.68 29.26         | N E   |
| 7    | 24 38        | 28.99 29.30         | N E   | 21   | 23 32         | 28.80 28.92         | S W   |
| 8    | 18 32        | 28.78 29.05         | N W   | 22   | 22 37         | 29.09 29.09         | S E   |
| 9    | 6 26         | 29.26 29.30         | W     | 23   | 16 30         | 29.19 29.25         | N W   |
| 10   | 1 21         | 29.45 29.49         | N W   | 24   | 14 30         | 29.36 29.41         | N W   |
| 11   | 11 14        | 29.23 29.35         | N E   | 25   | 14 26         | 29.53 29.58         | N W   |
| 12   | 8 21         | 29.27 29.39         | N W   | 26   | 5 8           | 29.50 29.57         | N W   |
| 13   | 6 24         | 29.31 29.36         | W     | 27   | -6 11         | 29.65 29.72         | N W   |
| 14   | 10 29        | 29.45 29.50         | N W   | 28   | 6 17          | 29.46 29.55         | N W   |

This month has afforded a fair specimen of winter. The weather has been steadily cold. The thermometer has twice been 6 below zero; one day it arose to 8 only—one to 11, and one to 12. The snow is now unusually deep for the season. Range of the Thermometer, from 6° below to 35° above zero. Barometer, from 28.68 to 29.75. Rain, 2.50 inches—Snow, 30 inches.

*External and Internal Use of Tar in Senile and other Chronic Eruptive Diseases.*—Mr. Wetherfield read a paper on this subject before the Westminster Medical Society. He claimed no credit for novelty, and illustrated the subject by cases of patients who had recovered under the treatment. The first case related was that of a gentleman, aged 90, suffering under prurigo senilis affecting both legs. The common tar ointment was applied every third or fourth day, the parts being afterwards covered with an elastic roller. Under this treatment he recovered in a few days. Two cases of eczema impetiginoides, the first of eight years', the second of one year's duration. In these cases, the internal exhibition of tar in the form of capsules, each containing ten minims, three times a day, was added to the external application, and in a month the disease was removed. Two children were shown to the Society, who had suffered, for five and six years respectively, with eczema capitis, extending, in the form of eczema, over all parts of the body and limbs. The treatment consisted of capsules of tar taken three times a-day, and tar ointment applied every day to all parts affected. Under this plan, continued for about two months, they perfectly recovered. Two cases of acne punctata, which had resisted all treatment, allopathic and homœopathic, for three years, and had disfigured the parties by the spotted and blotched face which this disease induces, yielded to the same treatment in between two and three months. From three to six capsules were taken daily. A little tar ointment was applied at bed time towards the end of the course, and washed off in the morning, and this only to the larger pustules. Mr. Wetherfield concluded his paper by stating, that his object in bringing this old remedy once more before the profession was to induce them to give it a trial, especially in the capsule, feeling persuaded that it would be found a valuable medicine, whenever it was requisite to excite the capillary system, either in the skin or kidneys.—*London Lancet.*

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*Foreign Body in the Tongue for Thirty-two Years.*—A German soldier was wounded in the battle of Gross-Gorschen (2nd May, 1813) by a musket-ball, which penetrated the left cheek, carrying away the four last molars of the upper jaw, and, passing through the tongue, made its exit through the left cheek, carrying away several teeth of the left side of the under jaw. The wounds healed in six weeks, and, except the loss of the teeth, no other deformity remained but the cicatrix of the tongue, which did not impede his speaking or chewing. During the spring of the year, at which time the patient was subject to pulmonary and cerebral congestion, severe pains, with slight swelling of the tongue, came on, to which was added, in the year 1829, a small swelling of its right side, which suppurated and discharged thin matter, after which it gradually healed. On the 2nd of May, 1845, a similar swelling made its appearance in the same place, which opened without discharging any matter, and, after some days, what appeared to be a small piece of bone presented itself in the opening, which, on being removed, proved to be the second molar tooth, which had penetrated the tongue from the musket-shot 32 years previously, and had during the whole time caused no great inconvenience. The roots of the tooth were broken off by the neck, and the whole surface covered by calcareous deposit.—*Oester Medicin. Wochenschrift.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 7.

## DR. BOWDITCH'S "YOUNG STETHOSCOPIST."

(Communicated for the Boston Medical and Surgical Journal.)

WE have derived much pleasure from Dr. Bowditch's book. The author evidently has a good practical estimate of the value of physical exploration. Instance such sentences as these. "Do not trouble yourself so much about nice distinctions of sound; but observe accurately, first where the sounds are heard; second, where the focus of them is, supposing that they exist everywhere in both lungs; and third, their combinations with other physical and rational signs."—(p. 37.) Again, "It is of no importance for the pupil to trouble himself to decide definitely whether he hears bronchophony, ægophony, or the various kinds of pectoriloquy. It is sufficient that on a comparison between the lungs, he finds an increased or diminished natural resonance in any part. The other physical and rational symptoms, when compared with even these apparently doubtful signs, will enable him to arrive at a correct diagnosis."—(p. 29.)

This is refreshing after the refinements of Fournet and Piorry. It is truth we rarely hear. It sums up questions commonly left for the student to decide, but which he cannot settle until he has waded through the whole tract of study. But who reads through Tweedie, or Middlemore, or Andral's Clinique, or Velpeau's Surgery? Who, if he did, could hold all the facts in these great storehouses? We go to market to them when we are in want. We refer to them. We furnish our own books and lectures from them. We draw from them as Johnson did from other books to write a dictionary. But neither did he, nor do these authors themselves, nor can we, retain all the facts these books do; yet we should be sorry to avow that we were ignorant of their leading principles. There is something to be got at short of reading mammoth treatises; and it is precisely this that the beginner wants; he wants the principles; and he gets them in such a book as this before us. Even in small works medical students do not generally ask for a copious statement of facts or a wide range of authorities; few practitioners do; they have not time, perhaps inclination to boil down crudities and to extract their valuable principles. It is a much more natural division of labor which leaves to the student only the care of digesting the material which somebody else has collected and prepared.

In this culinary capacity, there are a variety of ways in which medical compilers may serve up original or other facts; and it is a nice problem to prepare this intellectual food, and to adapt it at once to the infancy and maturity of its consumers. There is a range from the vade mecum or



portable soup style, which presents the gist of the matter in its most concentrated form; to the *potage maigre*, diluted with a formal statement of obvious considerations, and the *Julienne* or *Geaufret* of Copland or Cooper or Ben Bell.

Our theory is, that students prefer knowledge in a concentrated form. First, because the deglutition is easier. A certain mental effort attends the process of acquisition, and this effort is easier, convulsive and brief, than when prolonged till it fatigues. And much of medical knowledge does fatigue the student. It does not captivate the imagination. It is more useful than palatable, and goes down easier if rolled into the pill-like sphericity of aphorisms. We believe it is natural for the mind to require knowledge in this condensed form before it proceeds to expand it; we want the corollary before the demonstration; the hypothesis before the facts; the bill of fare before dinner. We require to know what kind of intellectual accommodations a given subject is likely to exact, before we proceed to take it in. A subsequent process is that of settling things into their places, of digesting, or rather of ruminating; and when the subject is thus again brought up, any modification or addition is made to suit the taste of the individual.

Accordingly, in many sciences, especially in the classificatory sciences, where facts are numerous, the mind has resorted to this stenographic mode of getting possession of all that is most important, before it indulges the imagination with interesting detail or pleasant associations. Birds are "lobe-footed" with "primaries ash," and leaves are identified as "pinnate" or "pilose" before we hear of their brilliant colors or curious habits. Let us modify such a description to illustrate these differences; for example, from Linnæus, the plant "*Geranium maculatum*"—"peduncles two-flowered; stem forked, erect, leaves five-parted and cut, the two upper ones sessile." The monograph is complete, and enables us to identify the plant. Spreading the facts a little thinner, "This interesting plant is found both in the woods and by the road-side. Its peduncles are long and hairy, commonly supporting two flowers, occasionally more. The stems are also hairy, erect, dividing by forks or more numerous branches, &c.&c." Or modestly introducing ourselves to the reader, after the manner of John Bell, "I really consider this fine plant quite as attractive as most of the pampered inhabitants of our green-houses. With a few drops of moisture it springs from the soil, and I have found it growing, utterly regardless of the advantages of position, under the patronage of some sturdy old fence, or on the very brink of an awful and overwhelming cataract." But business is business. Law reports do not tell us how Mrs. Doakes felt during her husband's litigation, nor what the lawyer said to console her. Neither do we want to know that a case of melanosis was respected and beloved, nor that the doctor was called in, or anxious. It may be interesting, but it is out of place. It belongs to the affections, not the intellect—to practice, not theory—to society, not science—to the individual, not the profession. We want the naked facts.

We are well aware that he who puts two things together and pleases the imagination, has a far more grateful office than he who reverses the

process, and in pointing out differences only exercises a scientific discrimination. Besides, imagination is a gift; it excites admiration, and we are insensibly moved to reward it, while good judgment, combined with persevering industry, will make any body an average scientist; it affords us no especial pleasure; it consequently puts us under no obligation, and it is very apt to get only its "thwacks and thistles."

We also believe that imagination has its proper office in science; but it should be heavily ballasted with the judgment. It then belongs to the discoverer, and is intended for the perception of real and not of fanciful or poetical resemblances. It may also amuse, as far as it can, without substituting the entertaining for the true. But we hold that there are at least two classes of readers who prefer a concise statement of facts, divested of ornament; the one a numerous body, who do not appreciate efforts of the imagination; the other, those who, when they seek for facts, do not look for wit, who prefer to have their salt kept separate, and to help themselves to it. Of this number are most medical students; they want little imaginative entertainment in their medical grammars. They are to make an exertion, to toil up an elevation bristling with new facts. Youth has activity, but wind and dogged bottom are the prerogatives of maturity; it is obviously easier to stride over a vade mecum with an occasional clonic spasm, than to ascend the gently inclined plane of some flowery but protracted octavo.

Mere imaginative adulteration is, we conceive, still more objectionable. Without alluding to the caterers of irrelevant or noxious facts, we will mention one common way of impairing the spirit of a book; of reducing its proof. It presents old things as new, and imparts, with the severity of science, facts which possibly are new in their medical application, but old as the learner's every-day experience. For example, most medical students are familiar, to judge from the devices upon lecture-room benches, with the use of knives; and yet, at the outset of operative surgery, the student must learn anew five different positions of holding his scalpel. The crepitus of fracture is surgical myth, and the reduction of a dislocated finger is described in pages; and yet it sometimes happens that some bystander has settled the question of fracture, or has pulled a bone into its place before the surgeon arrives upon the scene of accident. We venture to affirm that no practical man could hear an amphoric respiration without feeling sure that it came from a cavity. Something might undoubtedly be added to this popular medical knowledge, even in the other sex; but it seems to us quite as true that undue weight is often given in scientific books to medical positions which are truisms in every-day non-medical experience; and we mean that the most satisfactory work to the student is that which passes lightly over such considerations, and dwells upon medical occurrences, which do not happen as his general experience would lead him to expect.

If we are right, students at first need only the important facts; such as are necessary and sufficient to a "determinative analysis" of disease. Nor do they want the pathological biographies of individuals, but general

results and model cases ; type cases, succinct and portable, to which subsequent exceptions may be appended.

We remember saying to a well-known French writer, who added the notes to the French edition of Hunter's works, that we had learned much with little labor from one of these articles condensed into aphorisms. "Ah!" replied he, "that style would make books scarce ; those few pages contain matter for a small octavo."

For the possession of this kernel, the reader is ever struggling with the author, whose instincts would bury it among octavo pages ; but it requires great practice to "gut" a book quietly ; with most readers the effort becomes harassing. Rostan, with French hyperbole, makes it fatal to both parties ; "L'auteur se tue à allonger ce que le lecteur se tue à abréger."

With these politics we once proposed to try our hand at condensing the subject of Dr. Bowditch's book ; the standard and gauge of compression being utility in every-day practice. The programme passed by certain points, which like the phenomena of succession are scientifically interesting, but comparatively useless because they indicate lesions already discovered by other signs ; and dwelt on certain other non-auscultatory signs and symptoms which are diagnostic or pathognomonic. These often occur ; there are cases of undoubted tubercle where auscultation tells us nothing ; and we derive our knowledge of the lesion from common signs and symptoms. It would be quite as annoying to be here out-diagnosed, by one behind the age in science and ignorant of the improved method, as to find our neighbor succeeding with a pork bait, while we were attempting the fruitless mysteries of lancewood and red hackles.

We once thought of it ; but Dr. Bowditch occupies the unoccupied ground. He has booked Laennec up to date, and has compressed his genius, as the fisherman in the Arabian Nights did his, into a prodigiously small volume ; yet it contains separate articles upon percussion, common and auscultatory ; auscultation thoracic, fetal, cephalic and veterinary ; of course no duplicate specimens nor *jactolites* ; but all the regular aggregations of the books, while many original and floating facts are chrySTALLIZED about their appropriate heads. We commend it to auscultors and to non-auscultors.

H. J. B.

#### IDIOPATHIC TETANUS.

By A. L. Peirson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE infrequency of tetanus, in our climate, makes it worth while to record all our experience in this disease, so that observation of its symptoms, morbid appearances and remedies, may one day or other clear up the uncertainty which now envelopes the whole subject. All the cases of traumatic tetanus which I have seen during twenty-five years, and which have presented the genuine character of the disease, that is to say, a state of tonic spasm, have been fatal, with a single exception. This



was a mild case, of a chronic form, and recovered under the use of brandy in large quantities, and no doubt would have been as well managed by opium, and the patient saved from the drunkard's death, which afterwards befel him.

Of spurious cases, of a hysteric nature, I have witnessed several, which have all recovered. Of idiopathic tetanus, I have seen but the single case which I now offer to the readers of the Journal.

While all admit the general fatality of the disease, and the inefficacy of remedies, nothing can exceed the uncertainty of treatment laid down in books. In early practice I remember how very unsatisfactory was the consultation of authorities. They approach nearest to agreement in recommending purgatives. Dr. Heuner\* says he observed no symptom invariably present except obstinate costiveness. Abernethy† asserts that when free evacuations occur, the tetanic symptoms are often mitigated. This is analogous to what we usually see of the power of purgatives in relieving nervous symptoms and muscular contractions in cases of obstructed bowels. In the few cases I have seen, purgatives were of more avail than any other remedies. In prognosis, the nearest point of agreement is, in considering the danger greatest in the earliest part of the attack, so that if the patient lives a fortnight from the attack, the chances are in his favor. The account of morbid appearances is very indefinite. Dr. Heuner‡ thinks he has never found any peculiarities which did not appear fairly attributable to the remedies used. He is disposed to suspect the spinal cord, but late authorities deny any peculiar affection of this part. Dr. Colles§ affirms that the morbid anatomy of tetanus only shows you some of the *effects*, but none of the *causes* of the disease. Blood in the spinal canal or effusions in the brain he thinks throw no light on the nature of the disease, as the first may result from the violence of opening the canal, and the latter is common to all convulsive diseases.

CASE.—October 9, 1845. A shipwright, aged 37, has been in his usual health, and not exposed to wet or fatigue, although the weather during the week has been cold and rainy. He has felt on this day an unusual propensity to gape and yawn. On the next day his jaws were stiffened, and he complained of difficult deglutition, which shortly disappeared. He worked at his trade, within doors, the two next days, Friday and Saturday, and remained at home Sunday and Monday. During this time he felt in usual health, except a pain and oppression beneath the sternum, which rose to his throat on lying down, and a stiffening about the muscles of the back. He applied for medical aid first, on the evening of October 14th, when he found the attempt to lie down was followed with great distress at the sternum and suffocating sensation at the throat. Since then he declines all attempts to lay. His jaws are closed to half an inch, and he has once or twice felt himself drawn forward by muscu-

\* Military Surgery, American Edition, p. 206.

† Lectures on Surgery, English Edition, p. 21.

‡ Military Surgery, p. 206.

§ Surgical Lectures, American Edition, p. 45.

lar contractions, and likewise backward. He took an opiate, and October 15th took a cathartic of equal parts of ol. terebinth. and ol. ricini in simple syrup, which was repeated during the day, and aided at last by the operation of senna. His pulse are 80 and moderately forcible. Venesection to  $\bar{z}$  xxx. without fainting.

October 16.—Passed the night without sleep, in a sitting posture, as on the night preceding. Pulse 84, moderately full. Venesection to  $\bar{z}$  xx. with slight faintness. Blood of preceding day not buffed. Has had three discharges from cathartic. Symptoms continue. Takes sixty drops of McMunn's solution of opium every four hours. Had a blister 6 by 8 to the sternum.

17th.—Symptoms continue. Blister drawn with some relief. Had some hours sleep at night. The jaws fixed to the same degree as at first. The McMunn's solution to be omitted, and the following mixture substituted in dose of half an ounce every two hours. R. Camphor., gr. x.; pulv. aror.,  $\bar{z}$  j.; ether chloric,  $\bar{z}$  ss.; sulph. morphiae, gr. ij.; aq. pur.,  $\bar{z}$  vss. M. In the afternoon the pulse were accelerated to 104, and the medicine omitted;  $\bar{z}$  i. of the McMunn's solution ordered at bedtime.

18th. Has taken inf. of senna at intervals during the day, without effect. It was agreed, in consultation with Dr. Cox, to try tart. antimonii ad nauseam, beginning with one sixth of a grain, and augmenting the dose. Nausea is produced by one third of a grain taken every hour. At bedtime one quarter of a grain of sulphate morphia was applied to the blistered surface. His teeth have approximated slightly during the day, so that the fingers can now be scarcely introduced, in which operation there was no difficulty yesterday. He is easily startled and alarmed by any one coming into the room or knocking at the door. Complains of nausea and regurgitation, and is allowed to discontinue the antimony till the cathartic has operated.

19th.—Passed an uncomfortable night in consequence of the cathartic not operating till 5 this morning. Continued the antimony during the day, with nauseating effect. Has had two copious dejections, with relief. Blistered surface has been renewed, and the powder of sulphate of morphia applied at night. The teeth are separated further than for the last twenty-four hours, to about the same distance as at the first medical visit. Skin moist, pulse 84. He was directed the veratrine ointment, five grains to the drachm, to be applied by friction to the region of the masseter muscles.

20th.—There has been a moderate improvement during the day. Pulse 76. Teeth are not more approximated than at the first visit, and he has more power generally in the muscles of the neck.

21st.—Symptoms continue without aggravation. In the morning had a cathartic of jalap and subm. hyd., followed by senna and the powders of one fourth of a grain sulphate of morphia sprinkled on the blistered surface, *pro re nata*.

22d.—Pulse moderate, 64. Cathartic caused two large dejections. Slight amendment in all the symptoms, except agitation and twitchings on going to sleep.

23d.—Had another dejection. Suffered much pain at night in pelvic region. Applied three of the composing powders, and took a teaspoonful of McMunn's solution. Pulse 96. Twitchings occur while awake, at irregular intervals, sometimes every ten minutes. Cups were applied in four places along the spine, and eight ounces of blood taken. The twitchings were more severe while he laid over on his face, and the muscles of the back were rigid and curved. His back was much relieved from tension after the cupping. Let him take forty drops of vin. colchici, every two hours.

24th.—Slept six hours quietly. He had severe pain and twitching in the right groin, affecting only those muscles connected with the pelvis and hip. No spasms in the back or legs, and jaws separated an inch. Much affected by the opiates, which relieve spasm and produce ease, especially the composing powders applied to the blistered surface. Nauseated by the colchicum. Let him take a tablespoonful of the following. R. Ol. ricini, ʒj.; croton, gtt. ij. Took two doses of this, and had several dejections. Suffers much pain in micturition. Omit the colchicum at night. Can now thrust out his tongue, which is ragged and covered with broken white fur.

25th.—Has passed the day without treatment. Twitchings are confined to the groins. The muscles generally are less rigid. Let him have an enema of milk and water, with a drachm of McMunn's solution of opium, and a composing powder at midnight, if needed. Dysuria (which was probably occasioned by the blister) has disappeared.

26th, 27th and 28th.—No new symptoms developed. The tension of the muscles in the back mitigated; the spasms in the thighs and groins less, but not wholly disappeared; rather more severe at night, but good rest is procured by the opiate enema, or the endermic application of morphine. Mouth has been slightly aphthous; dejections are easily procured. Animal food moderately allowed. Appetite small, but improving.

From this period the symptoms continued to improve. A sensation of itching occurred in those parts which had been most spasmodically affected; and on the 6th of November he no longer required medical attendance.

In this case, which, during several days, was severe enough to cause much apprehension, obvious relief followed purging, and the greatest temporary comfort came from the use of opiates.

The conclusions which I think a practitioner, whose practical acquaintance with the disease is no greater than mine, will arrive at in consulting authorities, are these—

1. That the acute form of traumatic tetanus is uniformly fatal.
2. That recovery is common in the chronic form, and in idiopathic tetanus.
3. That the period of accession varies from a quarter of an hour to a month after the accident, but most frequently occurs in the second week.
4. That the morbid anatomy of the disease is entirely unsettled.
5. That however much reason he may find to doubt the efficacy of remedial agents in a case of tetanus, he will find himself compelled to act, and to mark out his course of treatment.



6. That purgatives are always indicated, and have oftener been followed by relief than any other remedies, and this rather from their revulsive action, than from the dislodgement of fecal accumulations.

7. That everything calculated to calm the nervous system is more or less indicated, and hence the propriety of trying bleeding, antimony, colchicum, the warm bath and narcotics.

8. That no permanent benefit is to be obtained from opium in acute cases;\* although it is capable of controlling the painful symptoms of mild and chronic cases.

*Salem, March 1, 1846.*

#### NATIONAL MEDICAL CONVENTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As there are now but a few weeks before the proposed Medical Convention in New York city, I embrace the *first* leisure, after a long winter's excursion, to beg permission to lay before your readers a few hasty considerations on this important subject. From a rapid glance at the Medical Journals on my table, I perceive that several editors and contributors have commenced the discussion of this subject: and in my intercourse with the medical gentlemen of Buffalo, Louisville and St. Louis, to say nothing of the various medical schools in that direction, I found there was a very commendable wish that some efficient national reform should be accomplished.

The practicability of ensuring a formula for the qualifications of medical men through the multiplex operations of twenty-eight or thirty independent State sovereignties, seems to me, now and forever, as decidedly hopeless. It is too late for the State governments to dole out to their subjects, as in the stereotyped nations of Germany, the number of physicians and apothecaries they may have, and the minute steps of the course these must take to obtain a passport to their respective employments. And yet I have no right to suppose that this very obstacle to reform, which I have pronounced so hopeless, may not appear quite another thing under the skilful management of a committee appointed by the convention. If this mode of proceeding should be given up as impracticable, let us, *in the second place*, inquire whether it can be brought about through the various medical schools of the United States. That the metropolitan schools would go at once for an elevated range of medical requirements, will be admitted and expected by all. They can afford to do it. They would run no risk. Let one of these institutions just come to the decision that no man—absolutely none—receive *their* diploma who is not thoroughly versed in *all* the departments of his business, with a thorough knowledge of Latin, Greek, the belles lettres and philosophy, and it would emblazon them over the country in the eyes of every aspiring young man. What medical man is there so far removed from the doings of the world as not

\* I have seen a man die in tetanic spasms while completely narcotized by the endermic application of morphine.

to know that, when a young man has been received into the staff of the army or navy, he has passed an ordeal that makes him current everywhere as a thoroughly-finished scholar and skilful physician? It is a fact known extensively out of the medical ranks, that our navy and army bureaus have, within ten years, so elevated the standard of attainments in the applicants to their boards, that every young man whose commission receives their *imprimatur* will pass current, at home or abroad, by land or sea, as a genuine physician and surgeon. So it will continue to be, so long as these national boards continue the same thorough and rigid scrutiny; and the character they infix on the men of their profession will remain upon them as a permanent testimony that these graduates were well prepared for the responsibility of their profession. A metropolitan college could hardly be expected to obtain a distinction so marked and acknowledged. The reasons are obvious. Yet there are already some of these whose diploma is a matter of high consideration to medical aspirants, independently of the antecedent instruction. And why is this? Simply because of the average high attainments of the classes. If it may be added, because, also, it is well understood that no ignoramus *can* pass their ordeal, the faculty nobly disregarding the twenty-five dollars, for that is lost by a refusal, this makes the case a still stronger one, and greatly enhances the value of the coin from the mint of these high-minded men.

What I would remark, in taking leave of the metropolitan colleges, is this: that if *one* might safely take the lead in medical reform, unaccompanied by the rest, surely an arrangement might be brought about among *these* schools, at least, both for a more enlarged preparatory outfit on entering the study of medicine, and more extended acquirements on leaving. These requisitions for medical graduates could be arranged under a general formula by the convention, and easily presented to the schools under consideration within two months from the present meeting.

But what will the provincial medical schools say to the proposal of raising the qualifications of the graduates, say one third? To admit no man, absolutely, to a degree who is not well versed in the languages, literature and philosophy? None who is not acquainted with the collateral sciences? None who has not *studied* in a hospital, or heard clinical lectures once a week, at least, for a long time? If the income of the professor was 3000 dollars a year, he might venture to take the leap. But there must be a heavy number of these professors who, even now, when probably not two in a hundred of their candidates are rejected, lose more than they gain by their lectures, in a pecuniary point of view. Indeed, if money was *the* thing, I half suspect we should see some of them discontinued forthwith. Money might have given the first impulse to a medical school, in each respective minor city or village. But in every case there was an honest, nay, a laudable, desire in the expectants of office to develop their own peculiar faculties of teaching young men the interesting employment of medicine and surgery. There was an *amor loquendi* or *cacoethes orandi*, which it is very proper that professors and public instructors should possess; and it is this which keeps the professor from year

to year straining every nerve to attract a respectable number of respectable men, who may listen to the stores of learning which he has so fondly and assiduously stored up for them.

It is this passion, in my humble opinion, and it is of many of my own friends that I say this, that has led them absolutely to sacrifice money out of pocket to found and carry on medical schools, in their vicinity. The young men around them do not demand it. A few dollars extra, for a journey each winter, would carry them to places where they would have as good schools, as good hospitals, more medical society, and a greatly enlarged knowledge of the world. The professors do not need the schools; for many, to their sorrow, have found themselves superseded among their patients by the facilities their own means have afforded for the introduction of talented and ambitious young men. The faculty in general do not need them. For, in a journey of 4000 miles this winter, I have found armies of medical students.

But I was speaking of the love of being listened to, and was going to ask whether, with this passion strongly in exercise, and having labored long and faithfully, and perhaps with serious sacrifices, there is any great reason for the medical convention, or medical community, to hope that these professors will consent to say No to their young friends who have heard them respectfully, and now ask respectfully for an official passport to the employment and favor of the public? Shall the want of Latin, Greek, algebra, geometry—nay, philosophy, botany and general literature—exclude these from a diploma?

Every one will see that a universal and unvarying enforcement of high acquisition, through the United States, would at first greatly diminish the size of the classes. I leave it to my readers and to the labors of the convention to decide how much we can rely on the combined action of *all* the medical colleges, both of city and country, for the progress of the proposed medical reform.

*In the third place*, it has been already suggested by a physician in Binghamton, in the New York Journal of Medicine, that some advancement in the proposed reform can be made by the private instructors of the applicants for a medical education. Let each of these physicians see to it that the young men have high qualifications before they begin medicine. This is right, and should be before the convention. One difficulty in the fulfilment of this proposal is that some of these practitioners are themselves behind the present state of medical science, and cannot enforce lessons which they are unable to appreciate. And, as it is yet a matter of common ambition for private practitioners to have pupils awaiting *their* instructions, it seems they may be influenced by the very same motives to a lax and temporizing course, that they are endeavoring to regulate in their brother professors. But it would seem that these incipient difficulties are gradually diminishing by a tendency in the minds of these young men to seek at once an academical position, and follow their botany, mineralogy and even their literature, in the society of their compeers; mingling with those in advanced positions, where they can be learning constantly sciences strictly connected with their profession; where they can see hos-



pital practice, dissections, &c., and have special courses of lectures, even in summer; recite every day and minutely to men who are capable and faithful, and, in full, spend the whole three years in a medical academy instead of a private office.

*The fourth and last expedient* I propose to consider, is that these widespread medical schools and medical societies should attempt equalization by the aid of the national government. It would be futile to expect that Congress would turn aside from its windy warfare, and lend a paternal assistance to the protection and encouragement of medical science. The plan must be elaborated by the convention. That they may be willing to add the national seal to a plan thus furnished to their hands and supported by a committee from the convention, is quite possible; and there can be little doubt that if this body does not dissolve in despair, but go forward with courage, the aid of the national government will be imperatively necessary to success.

There will, most certainly, be one or more of the officers of the medical school at Washington at the convention, and most likely some from the city. In anticipation, I throw out an hypothesis, not supposing that the members of that convention will perhaps even think of it, and yet being confident that any *well meant* suggestions will be kindly received either from myself or others. My plan is this, only roughly blocked out. Should it prove even a substratum to anything useful in the deliberations of the convention, that would be all I could expect or hope.

Let there be constituted by the convention, before leaving New York, an AMERICAN MEDICAL BUREAU, consisting of three to five medical men, in a manner similar to the Army and Navy Bureaus of Medicine and Surgery. Let the American Medical Convention meet, as suggested by Dr. Ticknor, of Connecticut, once in one, two or three years, and, if necessary, reappoint these men or others; no acting professor in a medical college to be eligible. Dr. Lawson, Surgeon-General in the War Department, and Dr. Harris, of the Navy Department, with their respective assistants, could probably render an acceptable aid in the construction of this bureau, should something like it be adopted.

Let these five men, one acting as president, spend two weeks, as soon after the close of the winter lectures as may be, in the examination of all the young men who choose to meet them, say in Albany, which would accommodate all New England and New York State. Let two more weeks be spent in Baltimore or Washington for the accommodation of candidates from the Middle and Southern States. Two more weeks, spent at Louisville or Cincinnati, might be sufficient for the wants of the Western Valley. All this may look quite practicable; and doubtless many young men who had already received diplomas would gladly seek the official endorsement of a national tribunal who were known to be both competent and impartial. It would be a better passport to practice than the recommendation of many friends.

But who shall compensate the members of this tribunal? Here lies the difficulty. We have few Sir Astley Coopers, reposing on their treasures and their fame, who can stand forward as the permanent patrons of the

undertaking. We can scarcely expect any pecuniary aid from the Government. Would the various faculties of the medical colleges remit a part of the graduating fee at their own institutions, say ten dollars to each young man, and allow him to appropriate the same to defray the expenses of the national board? In this way, could not a hundred young men be found at each of the above-mentioned sessions annually? If so, it would prove such a compensation as would induce men of high worth and reputation, provided they had the proper zeal for the national character, to devote themselves faithfully to the work. It would be indispensable that these examinations should be both impartial and thorough. The judges should be from various parts of the Union; and the whole medical community should concur in augmenting the weight and authority of their decisions.

If the expenses of these three sessions cannot be defrayed, the inquiry might be made whether one annual examination would not be practicable, say in Philadelphia, by the same organized board.

If the reader is not already tired of these hypotheses, or, if he pleases, fancy sketches, let me ask his attention to one more subject, viz., the number of the delegates to constitute this convention; the mode and ratio of their appointment; and, also, their functions when assembled. I have an indistinct recollection that a medical convention in the Canadas has this very winter been abandoned without action through some difficulty in the preliminary organization. As I have never seen the original resolution of the New York State Society, proposing the national convention, I know not how much it went into the details of conducting the meeting. It seems probable, in the absence of the document, that the State convention thought it sufficient for them to throw abroad a proposal in which hundreds of noble-minded physicians were known to be interested, and await the general response before taking steps in detail, either as to constituting the members or the conduct of the meeting.

One thing all will agree upon; that every incorporated medical school should send one or more members. It will be most certain that some portion of each faculty will find it agreeable to spend a week in New York city at the time proposed. These appointments, if not already made, should be made *instantly*, and published in the neighboring newspapers respectively, that the medical community may know immediately how general the movement promises to be. One of these papers in each case might be forwarded to the editors of such medical journals as would give publicity to the information before the meeting. Let me say, again, that the medical schools, great and small, are especially called upon to be present and aid in any result that may be reached; whether in the immediate dissolution of the body; or, in a single convention with committees, deliberations and reports of an advisory character, to be thrown before the medical public; or, lastly, with permanent arrangements for meeting, once in so many years, with an incorporation from the general government, and a name descriptive of its national character—such, for instance, as *THE AMERICAN ACADEMY OF MEDICINE*.

In the next place, there are the State medical societies, each of which

should have its delegation. If the organization of the convention takes place, it will be easy to assign the number of votes each State may have; and if the number agreed upon should exceed the number of delegates from particular States, why then the same State delegation could put in the proper number of ballots. The same thing is true of the medical schools. It will be necessary, also, to adjust the proper ratio of voting between the several schools of a State and the medical society of the same State.

But there are some States, such as Massachusetts and Connecticut, whose delegation cannot be chosen in the usual way, as their annual conventions do not occur till after the proposed first Tuesday in May. This is probably true of other States. Had the convention been appointed the last Tuesday in June, while yet the North would like to go South, and the South to go North, it would have been practicable for the States in question to be represented from a full annual meeting. A postponement to that part of the season by the committee of the New York State Society, to whose management the arrangements were originally committed, is now probably too late. If, however, it *could* be done, it would afford a very favorable opportunity, before the meeting, for the agitation of the subject, *pro* and *con*, both in the medical and political journals. Besides this, the elevated and influential men who would naturally be delegated from the State conventions which cannot otherwise be represented, would add greatly to the probable success of the national meeting. It is still practicable, in case there is no postponement of the general meeting, for the standing officers of such State societies as have just been mentioned, to arrange, by corresponding and otherwise, an appointment, say of three delegates, as their State representation to New York. These men would without doubt be accepted by the national convention, on presenting their credentials. But, unless the State officers were studious to seek men whose public spirit would lead them to defray their own expenses, there might be a failure of their delegation, as the sum necessary for their debentures could not be appropriated from the society's funds, in each State, without a general meeting, legally convened.

Taking it for granted that the delegates of schools and State societies will be permitted both to speak and vote on all questions, I close my communication with the following inquiries:—

1. Will the large cities, such as Boston, New York, Philadelphia, Baltimore, New Orleans, &c., be allowed to have one, two, or three members each in the convention?

2. Will these be allowed to debate and vote?

3. Will a county convention, in any State, be allowed a place and a vote?

4. In case such county delegate find no delegation from the State to which he belongs, will the convention concede to his disposal the whole number of votes to which his State is entitled?

5. In case medical gentlemen, not delegates, shall go to New York, on purpose to attend the meeting and listen to its deliberations, will they be invited to sit as honorary members, and have liberty to debate without voting?



Lastly, will reporters of fair reputation be allowed a seat on the floor of the convention, that all of us may be made acquainted with the whole movements and steps of an undertaking that is so intimately connected with the advancement of the medical profession in America?

*Saratoga Springs, March 4, 1846.*

M. L. NORTH.

#### VACCINATION AFTER EXPOSURE TO SMALLPOX.

By Samuel Salisbury, Jr., M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. S—, a married woman, 36 years of age, unprotected by vaccination, left home to visit a friend who resided in the city of Rochester, eighteen miles distant. She found her friend confined to her bed, and affected by natural smallpox. After sitting by her bed-side about half an hour, she crossed the street to a physician's office, was vaccinated, and returned home. The progress of the vaccine disease was regular, the vesicle forming perfectly, and attended with considerable constitutional fever on the eighth and ninth days. Virus was taken from the vesicle on the eighth day, and inserted in the arms of seven persons, five of whom were children, by a physician who was ignorant of the exposure of this woman to the contagion of smallpox. On the eighteenth day after her visit to Rochester, I was called, and found her in the eruptive period of smallpox; symptoms of which she told me had manifested themselves four days before. The disease was of great severity, its violence being in no degree mitigated by the prophylactic power of the recent vaccine disease. Of the children vaccinated from her arm, three had the cowpock succeeded by modified or mild smallpox, but partial desquamation having taken place when I visited them on the twenty-first day from the vaccination. In the other two, the vaccine vesicle was fully perfected, and not succeeded by any symptoms of smallpox. The two adults, who were vaccinated with virus taken from the woman's arm, left the place, and I learned nothing further of them, than the fact that they both escaped the smallpox. Neither of the five children had been vaccinated previously, and circumstances did not favor the idea of a direct communication of the disease from the woman to them.

The foregoing case leads us to the following conclusions.

I. Vaccination on the day of exposure to the contagion of smallpox is not always a protection. Might it not have proved a protection, had it been deferred for four or five days, so that the manifestation of the constitutional symptoms of both diseases would have been synchronous?

II. It is unsafe to make use of vaccine virus taken from persons who are in a location where smallpox exists; whether the smallpox in these children be viewed as caused by the vaccination, communicated through the medium of the physician, or as arising from an epidemic influence.

As safety from attacks of smallpox depends on the change produced by the vaccine disease in the system of the individual, we should view it as essential that the whole system, and not merely a portion of it, be

brought under its influence. The *constitutional* phenomena of cowpock are as indispensable as the *local*, to the abolition of the individual susceptibility to the contagion of smallpox. The imbibition of the inoculated virus into the circulating current of the blood of the arm does not necessarily, or in every instance, affect the whole human system, for it may not always be absorbed, or diffused in the general circulation to such a degree as to produce any change in the nervous system or its functions. Individual idiocrasy, the nature of the virus introduced, violent inflammation occurring around the vesicle producing a kind of local congestion, either of these we conceive may so far diminish the effect of the virus, as to render it uncertain, however regular the progress of the vesicle, whether the individual has had a perfect course of the eruptive fever termed cowpock. The fact of the greater intensity of the symptoms which follow inoculation direct from the cow, leads to a suspicion that much of the virus in common use has in a degree lost its energy.

A consideration of the general principles which are supposed to govern the operation of morbid poisons, and exanthematous diseases, as well as known facts, impress us with a sense of the importance of revaccination with virus which has been renewed by reproduction from its original source, the cow :

- I. As a test of individual idiocrasy ;
  - II. In order to determine the perfection of the virus previously introduced ;
  - III. Lest all the symptoms of the cowpock, both constitutional and local, were not produced by the previous vaccination.
- Avon, N. Y., March 3d, 1846.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1846.

*Medical Graduates in Boston.*—On Thursday last, the examination for degrees was closed at the Medical College, and thirty-one gentlemen, having passed, in the most satisfactory manner, have ere this received the honors of the University. Dr. Channing, the Dean of the Faculty, assured us that he was never more gratified with the qualifications of a graduating class. This is creditable to the newly-made doctors, and we congratulate them in leaving the Medical College with the high approbation of those who have conducted them through their professional studies.

*Specific Treatment of Smallpox.*—In view of the general prevalence of smallpox at the present time, Dr. Robert Wesselhæft, of Brattleboro', Vt., a hydropathic practitioner, has recently addressed a letter to the Mayor of Boston, on the subject of a "*Specific treatment of smallpox, which is now in use in Germany, and simple as sure.*" "The ravages which

this epidemic makes in Boston," &c., is the apology which Dr. W., who, it will be recollected, is the editor of the "Green Mountain Spring," makes for addressing his Honor on the pleasant topic of a certain cure for all cases of that disease.

One of the efficient means of bringing Brandreth's pills into universal notice, was ridicule. A laughable song became popular on the stage—the chorus of which was the essence of wit. The burden of the stanzas was—"If you are too hot, take Brandreth's pills; if you are cold, take Brandreth's pills." 'This is precisely the language of the hydropathists—if one has a disease of the skin, give him water; of the lungs, water; of the organs of digestion, water; if too lean, water; if too fat, water! It is good for all physical woes, whether epidemic or endemic; and therefore, if one is too hot, water will cool him; if too cold, the same drenching will restore the vital warmth. In fine, it is the panacea for all human maladies. Dr. Wesselhæft has a water-curing institution, which must necessarily go down, if he cannot succeed in attracting attention and patients by dint of unceasing efforts. To assume the position of a philanthropist, and have his bowels yearn with sympathy for the citizens of Boston, was, therefore, a wise movement, and, under such an overwhelming sense of what was duty, it is not strange that he should have kindly announced to his Honor that cold water, the capital on which Dr. Wesselhæft exclusively trades, is a specific remedy for smallpox.

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*Fluid Extract of Senna.*—Mr. Charles H. Atwood, druggist, Green st., Boston, is manufacturing an elegant preparation of senna, which must necessarily have the preference over the common form of a decoction wherever known. The properties of the senna are preserved by Mr. Atwood, but so concentrated that a tablespoonful is an active cathartic, without any of the vile flavors or noxious associations which belong to the ordinary method of prescribing that excellent drug. There appears to be no mystery in the matter—and there can be no reason why this admirably devised fluid extract should not be extensively used.

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*Broma.*—A delicate article for invalids is manufactured by Mr. Baker, at Dorchester, called *broma*, which is strongly recommended by some of the highest professional authority in Massachusetts. Its essential ingredient is unquestionably cocoa, but it is combined with various other things, both nutritious and palatable to those in health as well as the sick. Mr. Baker very frankly named the articles and their proportions in the composition, which is an evidence that no quackery is intended—and those who have been drinking his chocolate for twenty years, know that his manufacturing establishment is unrivalled in this country. The *broma* is thought equal to anything ever imported from Europe—and should be on sale all over the Union, that the feeble may be able to obtain such a desirable beverage.

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*Medical Application of Electricity.*—Our ingenious neighbor, Mr. Daniel Davis, the well-known manufacturer of splendid electrical apparatus, has published a little pamphlet on the subject of the Medical Application of Electricity, with a description of the instruments used. Since electricity



is acknowledged to be a powerful remedial agent, the process by which it may be made available is of the first importance. Mr. Davis is no adventurer nor vagrant experimenter; but, on the contrary, an accurate, philosophical investigator, whose opinion commands respect.

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*Condition of the Medical Profession.*—On the anniversary meeting of the New York Medical and Surgical Society, the members were addressed by F. C. Stewart, M.D., on the "Actual Condition of the Medical Profession in this country, with a brief account of some of the causes which tend to impede its progress, &c. &c." Dr. Stewart first shows the distinction in the social standing of members of different professions, and announces the happy circumstance, that the medical profession in the United States occupies a loftier station than in any other part of the world. Dr. Stewart gives the judge who presided in the celebrated trial of Polly Bodine, a gentle rubefacient. It seems that having poorly compensated the medical gentlemen who examined the body of a female child, supposed to have been murdered and afterwards burned, they were spoken of as having *very inadequately discharged their duty!* One of the evils that require attention from the legislatures of all the States, regards the meagre compensation of medical men who are called upon by coroners. Without analyzing this production critically, it is due to the literary character of Dr. Stewart to say that the address is exceedingly well written, and, wherever it circulates, will be regarded as creditable to his reputation in the double capacity of a writer and a physician.

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*Jefferson Medical College.*—The catalogue of this institution, containing the names of the Faculty, and of the four hundred and sixty-nine students in attendance on the lectures, was received last week. Instead of a diminished patronage, as some were short-sighted enough to suppose would be the case, while the University School had a brilliant reputation, the Jefferson has been steadily increasing from one season to another, and no signs of decay are yet discoverable.

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*Benevolent Institutions of Great Britain and Paris.*—A report, by William Chapin, Esq. of Columbus, Superintendent of the institution for the education of the Blind, in Ohio, contains a vast amount of valuable statistical information. All Europe is now ransacked for the purpose of bettering the condition of the unfortunate in the United States. Mr. Chapin has conferred a special favor by his researches and the publication of this instructive pamphlet.

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*Work on the Teeth.*—Books on the anatomy, physiology and diseases of the teeth, are multiplying. There has been need enough of them, and the more there are of good ones in this day of dental knowledge, the better for the profession and the people. A treatise for popular reading, "On the Structure, Diseases, &c., of the Teeth, together with an account of the usual methods of inserting artificial teeth," by Robert Arthur, of New York, is a sensible, well-conducted performance, which should have an ex-

tensive circulation. Were it possible for us to induce the whole community to be influenced by this plain, unostentatious, but exceedingly good and safe guide in preserving teeth, we would gladly do it.

*The Franklin Medical College of Philadelphia.*—It will be perceived, by an advertisement in the Journal to-day, that the charter of a new medical school in Philadelphia has recently been obtained from the Legislature of Pennsylvania, and that the Faculty is already organized for the next season. The list of Professors shows a good array of talent and science, and there seems no reason to doubt that, with the increasing demands for new sources of medical instruction, the College has begun a successful and permanent career.

*Medical Congress.*—A correspondent at the South writes as follows respecting this important meeting. Dr. North's remarks and suggestions on the same subject, in this No. of the Journal, are worthy the attention of the members of the convention.

"What has become of the Medical Congress so long talked of? I consider it to be very important that some steps should be taken in our country to improve the standard of medical education. The honor and character of our profession require it, and it cannot be done too soon. I hope all the medical schools throughout the country will unite in this important object. The Washington Medical School will send delegates if there should be a convention. I hope you will call the attention of schools and colleges throughout the country to this subject, for I believe great good will result from a convention got up with the proper spirit."

*Tobacco in Facial Neuralgia.*—M. Gower commends in the strongest terms the use of tobacco in neuralgia of the face. For twenty years he has employed the tincture and infusion, locally applied, with the greatest success. This success, however, he remarks, was in some degree unmerited, for although his success was decided and satisfactory, he did not know whether it was owing to the stimulant or sedative action of the tobacco. He continued its empirical employment until M. Chippendale demonstrated that its efficacy was owing to the narcotine, and that the essential oil of the plant retarded its action by preventing the absorption of its narcotic principles. It is therefore to the extract of narcotine that the preference should be given. M. Gower has seen, in three cases, a single application of the aqueous solution of this extract, almost instantly not only calm, but prevent the recurrence of neuralgic paroxysms. This preparation rubbed on the side of the face is said also to relieve, almost instantly, toothache.—Cross's *Letters from Paris*, in *Western Journal*.

*Ulcerations of the Legs, &c.*—Obstinate ulcerations of the legs are, more frequently than not, consequent on other morbid conditions, nor are they simply referable to disorder of the digestive organs. In many instances a depraved and deficient nutrition is the associated disorder, whether or not connected, in the first instance, with disturbance of the alimentary canal. In these cases, the molecules are insufficiently renewed, the vital cohesion is impaired, and the consequence is ulceration. Hence the frequency of ulcers amongst the poor. A congested or diseased state

of the liver, in many instances, accompanies these intractable, œdematous ulcerations, which resist with so much pertinacity any purely local measures. I can call a case to mind in which tedious ulcerations of the legs were the first indications of a fatal disease which implicated both the liver and the heart. In all cases, it would be well, where we have chronic ulcerations of the legs, to institute a careful examination into the condition of the viscera. A great variety of surgical complaints are doubtless associated with other affections, and the study of such associations is replete with interest and instruction. The occurrence of fistula or abscess in the neighborhood of the anus is generally indicative of serious mischief in some one or other organ of the body. Their frequent connection with pulmonary disease has long been the subject of remark. Diseases of the kidneys and bladder are frequently found together; and painful affections, referred to the latter, are sometimes altogether dependent on diseases of the former. Aneurismal tumors have hitherto been regarded too exclusively as mere local affections, but the same remark is nearly applicable to the whole catalogue of surgical complaints.—J. B. HARRISON in *Lond. Lan.*

*Medical Miscellany.*—Dr. Stevens, of Lockport, N. Y., was consulted by a gentleman in Buffalo, in regard to the indisposition of his wife, through the magnetic telegraph, and returned a prescription by the same instantaneous conveyance.—Dr. Miller, of Washington, is no longer assistant Post-master General.—A lady had a tumor taken out, in Byron, N. Y., and is represented to have been in a mesmeric slumber, which made her unconscious of what was done.—A Dr. Mankierviex has been trying to swindle in New York.—Dr. Roche has been elected President of the French Academy of Medicine for 1846; Dr. Begin, Vice President; and Dr. Métier, Secretary.—Mad. de Leucquesaing, recently deceased, willed 835,000 francs to the hospitals of Paris. A new wing to the Hospital Louis Phillippe is to be built with part of it, and named for the donor.—The town Council of Buffalo have decided that a person delivering a lecture on physiology, phrenology and pathetism, violated the law requiring men who perform plays or feats of jugglery, to obtain a license.—A lady in Kentucky recently gave birth to four sons within an hour.—A physician in Michigan advertises that he practises altogether on the *uroscopian plan*!—A woman in France, at the age of 65, the wife of a carpenter, has given birth to a healthy boy.—The Legislature of Indiana has appropriated \$40,000 for a Lunatic Asylum.—Dr. Brewer, of Pittsfield, has been nominated, by the liberty party, for Lieut. Governor of Massachusetts.—During the late Montreal riots, the Medical College was attacked—and the McGill College, a rival institution, was sacked by the rioters.

MARRIED.—Dr. Charles E. Crofut, of Danbury, Ct., to Mrs. M. Pratt.—In Cincinnati, Fred. Roelker, M.D., to Miss E. Hasting.

DIED.—At Rutland, Mass., Dr. Geo. Estabrook, 51, greatly respected by the community.—At East Hartford, Ct., very suddenly, Dr. Pardon Brownell, 56.

*Report of Deaths in Boston*—for the week ending March 14th, 45.—Males, 25, females, 20. Stillborn, 6. Of consumption, 7—smallpox, 7—croup, 1—scarlet fever, 4—infantile, 6—inflammation of the bowels, 1—dropsy, 2—dropsy on the brain, 2—lung fever, 5—tumor, 1—hooping cough, 3—childbed, 1—convulsions, 1—scrofula, 1—burns, 1—paralysis, 2.

Under 5 years, 23—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 50 years, 4—over 60 years, 2.



*Longevity of certain Orders in England.*—At a late meeting of the Statistical Society, London, Dr. Guy, physician to King's College Hospital, read a paper on the duration of life amongst the gentry, compared with that of the aristocracy, including that of the peerage and baronetage. The deductions were made from a large number of statistical details, and the most favorable expectation was shown to run in the different orders of females, professional men, gentry and aristocracy. It varies with their ranks, being lowest in the highest, and highest in the lowest ranks, and runs in the following order:—One, kings; two, male members of the royal house; three, female ditto; four, peers and successors to the title; five, members of the families of the peerage and baronetage; six, the gentry and their families; seven, professional men, chiefly clergymen; and eight, females of the upper classes. If the clergy, who formed the large mass of the class denominated "professions," had been taken separately, they would present a still more favorable exception; for, on comparing them with the remainder, it appeared that, while at the period from 30 to 40 the former lose five per cent. by death, the latter lose no less than thirteen per cent., an exception which tends greatly to lower the expectation of life for the entire class. The expectation for professional men, as compared with that of females, is higher at 30 and 35 years than after 85, but in the intermediate period it is in favor of females.

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*A Common Defence for Quackery.*—No men or women can make themselves ridiculous, and get laughed at, but they gravely refer to the treatment received by Harvey, Jenner, and others, as quite applicable to their own case, and they really believe, with Miss Martineau, that a thing laughed at by the majority must needs be true. The supposed ill-treatment of Harvey is a splendid refuge for knavish and foolish people, or unsound and unproved theories. No stupid book can now be published without a prop of this kind, and it is the great support of mesmerism, hydrophathy, homœopathy, and other doctrines of the same class. But the real truth is grossly exaggerated to suit these triumphery purposes. Harvey's century was not the nineteenth, and many foolish people opposed him. But, notwithstanding this, his career was one of great triumph. At the time of old Parr's death, his doctrines were generally received. Hume, as a smart saying, declared that no physician in Europe, at the age of 40 when the discovery was made, ever believed it. This is evidently untrue, for Harvey did not publish his "Treatise on the Motion of the Heart and Blood" till he was 50 years old, and he lived himself to see his discovery received in every university in the world. Hobbes of Malmesbury, a better authority than Hume, says of him, that he was, perhaps, "the only man who ever lived to see his own doctrines completely established in his lifetime." We trust we shall hear less of the absurdity so much used by little people, that great men have necessarily to be at war with the whole human race. They have their opponents and jealousies to contend with, but there are always the fitting minds to receive and propagate the truth. Every thinking man must be sick of the paltry uses to which the names of great discoverers are so constantly prostituted by unprincipled quacks and their followers.—*London Lancet.*

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## HÆMOPTYSIS—ITS CAUSES, SEQUELÆ AND TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have thrown together some reflections on the pathology, treatment and sequelæ of hæmoptysis, which I submit for your examination, with a view to publication in the Journal. Some of the notions *may* vary slightly from the common doctrine of books and the schools—but if so, they will be open to criticism from yourself and the profession at large; and harm can never result from a free, open and generous discussion of any subject.

Hæmoptysis, from what I have been able to gather in an experience of twelve years' practice, occurs in three conditions of constitution. First, and most frequent (perhaps in nine cases out of every ten), in those predisposed, by hereditary influence, to true tubercular *phthisis pulmonalis*. Secondly (and rarely), in those of correct constitution, with vigorous health and active circulation, from accidental causes; such as foreign substances lodged in the trachea or bronchial tubes, causing such violent cough as to rupture some of the bronchial arteries; mechanical injuries from falls, blows, &c.; and also from sudden and very violent physical exertion, or from moderate exertion continued to exhaustion. Thirdly, *vicarious*; or taken on to do the office of some glandular secretion, or make up for the suppression of some critical or constitutional discharge. Some other divisions have, I believe, been made; but any general distinctions beyond the three above named, are, I think, more specious than practical.

I propose, as briefly as may be, to offer some remarks on each of the above, and perhaps detail some cases in illustration of the sentiments advanced.

Hæmoptysis of the first division, I believe to arise from absorption and thinning of the vessels, which yield, from pressure **DIRECTLY**, by the *increasing* volume of the tubercular mass or masses; and from *remote* causes connected with inheritance, and cachexia proceeding from a want of proper powers of nutrition and assimilation. I am aware that we have been told that a condition of plethora, or a something in which the vessels are over distended, is a cause; and also that ulcers corroding the vessels induce pulmonary hæmorrhage in this kind of constitution. I would submit to the profession whether we *see* those evidences of what we understand by plethora, in this kind of patient, before an attack of spitting blood? True, we may see a quick, irritable pulse for weeks, perhaps months, before the attack; but may not this, with the alternate

pale and flushed cheek, the absorption of fat and muscle accompanying, be better attributed to the depraved assimilation than to plethora or congestion. I would again ask, what is the cause of this emaciation? Are tubercles developed often in the pulmonary mass before puberty, and while the digestive and assimilating powers are generally in full and healthy activity? Or do we hear from them in the adult so long as the stomach and other assimilating organs do their normal duties; or only after loss of appetite, a sharp anxious countenance, with emaciation, proclaim that deep mischief has been already at work? Once more: does hæmoptysis occur after actual ulceration has taken place? Who has seen it if it does? Is such an occurrence frequent? For my own part, I have never seen a case of the kind.

But without stopping longer to discuss the pathology of hæmoptysis from this general cause, let us glance for a moment at the appropriate treatment. I may here premise that the after management of the patient becomes generally a matter of more serious consideration and anxious difficulty than during the immediate hæmorrhage. Few die of the direct bleeding, and those who do, where left to the efforts of nature alone, would most probably die with the best endeavors of art. The condition of the patient is, long before the attack, one of danger; and the bleeding is the urgent flag of distress hung out, which first warns the patient and his physician of the deep mischief within. What, then, shall be done during the attack? On this head I have little to offer—although I may say that the strongly-emphatic stress laid upon venesection has induced many young practitioners to carry the lancet too far. I would not for a moment dispute but the lancet may become *indispensable* in some of these cases—but I affirm that a majority, and that a vast one, will yield to the judicious use of appropriate styptics—to free draughts of cold water, conjoined with powerful rubefacients to the feet and legs, to the wrists and arms, and, if need be, to the surface of the chest, even; and while I would not deny that the lancet, as before admitted, may sometimes become indispensable, yet I *know* that every drop of blood lost beyond stern and actual necessity, as well as *all* debilitating operations, become sources of after difficulty, and hasten the fatal tendency of the disease.

But how shall this kind of patient be managed after an attack of hæmorrhage? What shall be done to quiet this tumultuous action of both nervous and vascular system? What shall be done for this short, quick cough, this straitened respiration, pain in the chest, quick, fiery pulse—in a word, if you please have it so, for this inflammatory action? Shall we continue to make farther draughts upon the constitution by the abstraction of more blood? Shall we destroy the digestive powers by *tart. ant.* or other nauseating drugs? Shall we prostrate the system with daily or tri-weekly emetics of *sulph. zinc.*, alternated with depressing doses of *digitalis*? Such a course I *have* pursued; and the same course have I seen pursued by my more lofty brethren—men who had mounted far on the ladder of fame, and whose names were known beyond the confines of their own State: but for my own part, I follow it no longer—and from what I can learn of my neighbors, and the few Medical Journals to which



I have access, I believe such management is fast becoming numbered with the things which *have been*. Has this kind of treatment saved patients thus circumstanced? I have not seen it do so. All whom I have known thus treated, have gone down to the tomb of the consumptive. Far better were it to leave the case to the unaided efforts of nature alone, than thus hasten to a more active progress the tendency to death.

But is there any other course which, from theory or experience, may offer us better hopes? There is: and one, too, from which—although we may not save our patient to life and usefulness—we may draw the consolation that at the least we have done nought to hasten the fearful results.

The first thing necessary is, *to improve the tone of the digestive and assimilating organs*; and this, of course, carries with it the *restoration* of suppressed, and the *correction* of depraved secretions. Let a *clean skin*, procured and maintained by daily tepid ablutions and vigorous frictions, obtain freedom to the perspiratory function. Let mercury, in proper dose, and appropriate preparation, give tone to the stomach and liver by direct stimulation of the nervous and sanguiferous systems; and conjoined with it, let conium calm both vascular and nervous tumult and induce sleep—while in union with the mercury it becomes one of the best deobstruents in the materia medica. But some are ready to ask, “Is mercury a tonic?” “Do we not exhibit it in union with the lancet to cure inflammatory fever, and local inflammations producing general fever?” I shall never forget the answer I heard an old patriarch of the profession give to a young man, not eight months since, in reply to this very question. “Young man,” said he, “let it be the prime article of your medical creed, that the first and only proper action of mercury, and one beyond which it should never be carried, is a tonic—a stimulant action; and that in such action it searches out, permeates and pervades every fibre of the animal machine.” And this is true—for while we admit it cures inflammation, it does it (as does also the lancet) by these stimulant, tonic, or direct powers of exaltation to the animal economy. “But,” continued the old veteran, who has been in the harness more than forty years, and is now, with his snowy locks, but firm tread, open manly brow and flushing eye, able to outwork half a score of the younger physicians who have grown up around him; “but,” said he, “remember that salivation is *not* the *medical action* of mercury, any more than is torpor, insensibility, convulsions, DEATH, the true medical action of opium; and with almost the caution you avoid the one, should you shun the other also.” I confess myself more than half a convert to the eloquent old man; and since that time have prescribed it oftener, but with much greater caution than ever before.

It seems, however, proper that I should enter somewhat more into detail of the favorite management of these cases. It is perhaps unnecessary to say, I would follow the same general course in all cases of incipient tubercular hereditary phthisis, whether there had been previous hæmoptysis or not. After premising the *clean skin* as before—and when in any wise possible to be borne, a somewhat active exercise in the open air

by either carriage or *manual labor*—I order my patients two grains of blue mass, made up with from three to five grains of the *inspissated juice* of conium, every evening at bed time; and through the day free draughts of mucilage, with *minute* doses of iod. potass. (I will tell any of my medical brethren where I got this notion of *minute* doses of iodine, spread out in large quantities of fluid, should they ask me, and will *now* say I abhor homœopathy in all its phases), say five grains to the quart, the whole to be taken during the twenty-four hours. Under this management the appetite will increase, the quick pulse and feverish tumult will be calmed, and general anxiety be exchanged for a feeling of comfort and confident hope. It seems strange (*if* the fact be not fanciful) how long the blue mass may be taken, in this dose and combination, without inducing sore gums or fœtid breath. I have during this very winter kept a young man some twenty-five days, without missing one evening, on this very pill, and not the least sign of its effects, save increase of appetite (which he was allowed to indulge, even to the free use of fresh beef), improvement of strength—in a word, a rapid advance towards convalescence. Does the combination of the mercury with the conium restrain, or hold in check its salivant powers? I am inclined to believe, and hope, it does. After carrying the mercury as far as the judgment of the physician may approve, it should be withheld for a longer or shorter period—continuing the conium with more free doses of iod. potass., and thus alternating till the recovery be complete.

“But *will* this course arrest the progress of incipient phthisis, and prolong life, if it do not cure the diathesis?” In answer, I may ask the profession if they have seen *other* means or management succeed in arresting it? If not, then will they find no objection in making a trial of this. But this communication is already spun out too far. I have notes of some cases bearing upon this matter, which (if you publish this) I propose to write out in illustration of what is here advanced—and also notice the two other varieties and some illustrative cases.

U. POTTER, M.D.

Hallsville, Mont. Co., N. Y., March 6th, 1846.

#### PRISON DISCIPLINE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—That the present punishment inflicted for the suppression and correction of crime, is poorly adapted to its purpose, is evident from the daily multiplication of criminal cases, and the various incentives constantly springing into existence under new forms, for its commission. And that society may be protected from the inroads of vice as it exists under its many cloaks for the infliction of injury, are we not called upon to devise some more effective measures to restrain its exhibition, and overcome the inherent predisposing cause? Should we not, as wise physicians, investigate and balance well the causes that conspire in their simple and combined forms, to debase the mental and physical man, render-

ing him capable of committing the most atrocious crimes, so that remedies may be adapted to the peculiarities of his disease?

The punishment now resorted to for the correction of vice, is single in its form, graduating itself, for its various stages, only by different degrees of severity in its administration; thus we have for every variety or species of moral disease, when it passes the boundaries of law, but one remedy, which with a limited variation of severity is deemed sufficient to correct and suppress the exhibition of propensities to which it has no counteracting analogy. As an illustration—the drunkard is confined within the walls of our prisons for the manifestation of a propensity for stealing or other crimes, engendered by intoxication; and by the hard treatment which it is thought necessary to inflict, we find, from sad experience, that he is confirmed in his habit, and becomes still more reckless in his course, when liberated, viewing the world with suspicion, and feeling the full force of his own shame. This often causes him to premeditate crime, and commit it while experiencing intoxication, and this leads to re-incarceration and the fellowship of companions equally debased. And in his case—which may be considered the source from which originates a large proportion of the crimes committed—his reformation, which should result from the punishment inflicted, as the object of legislation, is lost sight of; or the remedy applied offers, in a majority of cases, but a single result—that of a temporary restraint upon the physical strength and propensity, which craves the stimulus that leads to the formation and exhibition of the baser attributes of mind, and qualifies him for the commission of acts at variance with the well-being of society, and the laws which regulate its forms and mutual responsibilities.

Now in order that he shall recognize and acknowledge the justice of law, and feel that its punishments are dictated for his benefit by effecting a reformation in the diseased manifestations of his character, is there not a change called for in the remedial treatment of crime; by modifying the appliances for the administration of punishment, by adapting them to the peculiarities of the constitutional and predisposed vicious developments of character? Our prisons, at the present time, present a uniform appearance with regard to their regulations and facilities for physical and moral treatment, being destitute, in many instances, of the comforts required for healthy physical support, and are deprived in every case of proper resources for moral impressions. The inmates being often congregated together without discrimination, or regard to peculiarities of persons or the crimes committed, and the causes which induced them to act under the impulse of temptation, they are frequently subjected to the influence of those who have long travelled upon the road of vice and have become acquainted with all its stages, and are ever ready to initiate the novice, and find means to compel him to acknowledge their power. Thus, instead of answering the ends of punishment, it but aggravates and proves the nursery of crime.

And why is it that the miserable inmates of our prisons are neglected, and doomed to suffer punishment, which, from its character, only tends to aggravate their depraved dispositions, while the raving maniac, although



the same causes operated to excite actual disease, however heart-rending the acts he may have committed during the paroxysms of fury, is deemed a fit subject for successful experiment! Are they not clothed alike with the same forms, and endowed with the same immortal principle? And were they not at some period enjoying the same prospects with ourselves? Who can judge of their temptations, or boast of their own powers of resistance, had they been subject to like trials. Then why withhold from them our compassion and pity, and every laudable effort for their reformation? That we have passed from youth to manhood untainted, we should be thankful; and it is our duty to recollect the unfortunate victim of temptation, who may have possessed intellectual power superior to our own, and the elements of morality; but from a slight deviation in the beginning, which failed to alarm the guardian of virtue, he passed on from stage to stage, while the initiatory features of vice became familiar, and he was only called to reflect upon the bounds which he had passed unheeded, by the startling proposal of some more degraded companion, who seeks to lower his fellows to his own level. Thus we were all liable to fall from the slightest deviations of our youth, which exposed us to the influence of those older and more deeply involved in the intricacies of vice. And it is truly wonderful, when we review our past acts and exposure, to think of our many escapes from the fascinations of vice, cloaked as it is to unsuspecting youth, until he finds himself, when he attempts to escape, closely involved in its meshes.

That the self-degraded victims of vice should receive our pity, and such moral and physical treatment as shall tend to restore them to a sense of their moral and social responsibilities, and the cultivation of those faculties capable of eliciting self-respect, must, upon a knowledge of their state and the causes that reduced them, be apparent to every one. And that they are deprived, by the present system of discipline, of much that would tend to again fit them to become honest and responsible citizens, is equally evident. In view of which, should not greater efforts be made to redeem them from the misery of their present condition, and thus relieve society from the dread consequences of having them cast loose without deriving benefit from their period of confinement. That they are capable of receiving and profiting by proper moral treatment, there can be but little doubt, however aggravated their course may have been. And as the trial can be made without hazard, to a greater extent than has yet been done, what shall prevent the introduction of a properly-devised system, capable of thoroughly testing the influence of healthy moral treatment?

Yours respectfully,

R. E. S.

#### HUMAN FOLLY AND MEDICAL QUACKERY.

[A RECENTLY-PUBLISHED work has the following article in it, which a venerable friend desires to have transferred to the pages of the Journal.]

But leaving politics, for the while, we here turn, and come nearer home, for an illustration of our important subject. The multiplicity of

"fools" is the joyful occasion, as even every *charlatan* knows, of the present flourishing condition of the practice of *physic*, in all civilized countries; and in no place, State or province, is it more so, than in this State of Maryland; and in no city more than in this of Baltimore. (A large portion of this sermon, reader, was gotten up and first preached several years since, at the request of the late learned and celebrated Dr. Nathaniel Potter, one of the founders, and for a great part of his after life "Dean, and Professor of the Theory and Practice of Medicine, in the University of Maryland.") We here speak in the spirit of pure philanthropy and philosophy; as we were in early life made familiar with the theory and practice of medicine, in its various aspects and operations. Yes, to the *folly of mankind* medicine is indebted, at once, for more than half the diseases on which it operates, and for all the fame of its principal remedies.

We look upon a well-stored apothecary's shop, as a standing monument of human credulity and mental imbecility; yes, the blue and pink bottles, in its illuminated windows, are with us like a *pharos*, shining over the sunken rocks of the owner's shallow qualifications. Among the rich variety of its accumulated *disgusts*, there are, at most, not generally more than some half dozen drugs, which skill, peradventure, can turn to any valuable account. The rest are never better than the innocuous instruments of *fool-catching*. Too often they are either positively or negatively *poisonous*; at least when in the hands of Thomsonian and legislative *empiricism*, which of late has striven to set regular colleges, regular professors and learned corporations at defiance. Even the "Legislature of Maryland," at a time, expelled the founders and approved professors from their University; \* \* \* \* and thus, wisely no doubt, ruined the only ornament of the kind they then had in the State!

We do not, however, intend to state, that the worst *quacks* are always to be found among those of no regular diplomas—or among those who disguise the implements and ingredients of their *trade*, beneath the mystery of some "*stamp*." No two things can be more distant, than the *trade*, and the *worthy profession and practice* of *physic*. The qualified professor correctly administers to the maladies of his patient; but the *charlatan*, or trader, to his passions. Our professor acquires competent skill by anatomizing the dead; while your *charlatan or trader* thrives only by cutting down all the living he can allure within his power! Yes, if to flattery and slander he adds a delusive dash of hypocrisy; and can prove his competence in medicine by his skill in "*culling simples*" (we mean repeating scraps in *theology*), his fortunes are made! Yes, believe it—the *fools*, the *million*, fall to his share; and, of course, he thrives—whilst the *learned professor*, possessing the patronage of only *wise men*, who generally need but little medical aid, starves by inches, upon this limited custom; and sometimes dies, in disappointment. O yes, we preach thus much, most honestly, on the importance of "*fools*," in order to the success of *charlatans*, in the practice of medicine.

## VACCINATION

[FROM the columns of the National Intelligencer the following rules in regard to vaccination have been extracted. They were written by Dr. Gideon B. Smith, of Baltimore, who is a man of experience and critical observation. From a wish to present the profession with every fact within our reach, in regard to the laws of vaccination, at a period when the smallpox is prevailing extensively over the whole country, these observations are quoted. He seems to refer exclusively to *scabs* in vaccinating.]

1st. Vaccine matter should always be selected, and none taken except from perfectly healthy subjects.

2d. The longer the pustule continues after vaccination, the more perfect the protection will be, and the better will be the matter to vaccinate others with.

3d. As a general rule, I would take no matter from any subject to vaccinate others with, that had not passed at least fifteen days from the time of vaccination; I should never take matter from any patient that had broken the pustule by scratching or any other means; nor if local inflammation had been caused by taking cold or otherwise.

4th. The patient should be examined on the fourth day after vaccination. If there be any doubt as to its having taken effect, he should be vaccinated in the other arm. The patient should be examined also on the eighth or ninth day. If there be no fever or other constitutional symptoms, such as soreness of the axillary glands, &c., he should be vaccinated in the other arm. He should be seen again on the sixteenth day. If the pustule shall have become dry, and crust perfect, it should be taken off, if it can be; if not, another examination on the seventeenth or eighteenth day will be necessary.

5th. If the pustule dries up, forming a scab before the fifteenth day, I should consider it imperfect, and vaccinate the patient again. Because in many cases the vaccine disease is a mere local affection; and when it is so, it can, of course, afford no protection against smallpox. This local character is readily seen in the absence of fever on the eighth or ninth day, absence of soreness in the axillary glands, and in the short duration of the pustule.

6th. I recommend re-vaccination in all cases in which there is any doubt of previous efficacy. In such cases I never depend upon the appearance of the scar, nor the memory of the patient the first time. If this be not satisfactory, according to the above rules, I re-vaccinate.

I have never seen a person that I *knew* had been perfectly vaccinated, take either vaccination a second time, or varioloid, or smallpox.

The scar is not to be depended upon. It can only inform us that vaccination had been *attempted*. The pustule may have been scratched or opened in some other way; a common sore may have left the scar. Non-medical people are not good judges as to the perfection of vaccination. I have, in numerous instances, produced the perfect vaccine disease in persons that showed good scars, and who said they had been well vaccinated, that their arms were *very sore*, &c.



I was vaccinated in the fall of 1818 ; I have repeatedly, even an hundred times, vaccinated myself since. Last fall (1845), particularly, I vaccinated myself ten times ; but it did not, in any one instance, take effect. When the smallpox was so prevalent in the years 1822, 1823 and 1824, I was constantly amongst it, often having a hundred or more patients at a time among the poor. I never had the slightest symptom of the disease.

I believe the present prevalence of smallpox to be owing to inattention to patients after the insertion of the virus. The common price for vaccination (\$1) is a mere nominal affair ; it does not pay a physician for even three, to say nothing of *four* visits. Hence it is often the case that the physician inserts the matter in the arm, and never sees the patient afterwards. The mere fact of operation satisfies the patient and his friends. It may not have taken effect at all ; it may have taken, but some accident has destroyed its effect upon the constitution. And hence this great preventive of one of the most terrible scourges of the world is brought into disrepute. I do not believe that the preventive effects of *perfect* vaccination ever "wear out." My own experience is upwards of twenty-seven years. From 1819 to 1822, inclusive, I vaccinated upwards of 33,000 persons. I have seen great numbers of them since, time and again, but have never found one that had taken varioloid or smallpox. But I have always been particular in the selection of matter to vaccinate with. I prefer that which has been on the arm full fifteen, and from that up to seventeen, eighteen, or even twenty days ; and that from *full grown persons, when possible* ; robust and healthy patients always—rejecting that from all others. I never take matter from doubtful sources.

I feel very certain that, if these hints could be taken and acted upon by all our physicians and the people, the smallpox would be completely extirpated in a month. I offer them with much diffidence, and certainly with due deference to the faculty.

#### DISEASE AND DEATH CAUSED BY FEIGNING SICKNESS.

MANY readers will remember the conviction, for robbing the mail, of Dr. John Braddee, of Uniontown, Penn. The circumstances of the robbery and the conviction were remarkable. He was sentenced, in 1841, to ten years imprisonment in the Western Penitentiary of Pennsylvania, but did not live to serve out his term, having died recently in his cell in the Penitentiary. Braddee was doubtless the most extensive mail-robber in the Union, having committed depredations to an amount exceeding \$100,000.

The Pittsburg Journal gives the following account of his case:—Shortly after his incarceration, he conceived the idea of his liberation, by simulating a decline of health. For this purpose he would prick his gums with the awls, which were supplied to him in the vocation he had chosen, that of a shoemaker ; and having saturated his towel with blood, was always prepared for the stated visit of physician, or chaplain, with

this evidence of a dangerous hemorrhage of the lungs, to which he was always careful to add, a difficult and painful respiration. His physician was able, sometimes, to engage the suffering doctor in conversation, in which he would become sufficiently animated to forget his painful breathing; but, on the instant that he would recollect himself, the difficulty would return. These practices, it is believed, brought on the disease which terminated his life, and he died at last of pulmonary affection. Until two weeks before his death, his disease had not assumed a formidable type, but then he began to sink rapidly.

Up to this period he had steadily and vehemently asserted his innocence of the crimes imputed to him, but as soon as he became convinced that his recovery was impossible, he confessed his guilt. It is worthy of remark, also, that the doctor, who had gained an astonishing reputation as a physician, determining or pretending to determine the precise symptom in any case of disease, by an examination of the patient's urinary discharges, felt constrained by approaching death to confess that his system was nothing but a humbug. His success in this humbug is another evidence of his shrewdness of character. He stated that it was his practice, on making a professional visit, to which he usually rode on horseback many miles, to hear the first representations about the state of the patient, and then he would decline making any examination, or prescription, on the plea of fatigue or hunger, or both, until he should have rested and eaten. It never failed, he said, that during the interval of preparing the meal, and lounging about for repose, he could gather from the inmates a tolerably full history of the case to which he was called, so that when he came to an examination of the *signs in a vessel*, he was generally able to read back a pretty full and accurate account of the several symptoms which distressed his patient. This gave him a tremendous reputation at once, although his *cures* were not astonishing. The vast income he derived from his dupes is well known.

It is known that Braddee's wife, who clung to him during his trial, and suggested by her presence and the signs of affliction, that dreadful apostrophe to love in anguish, with which Mr. Biddle, in Braddee's defence, electrified the crowded auditory, had been unfaithful to her vows, and married another during Braddee's imprisonment. He was not made acquainted with the fact, and for the five years he was in confinement, he was fond of an occasion to talk "about his wife and children." He spoke of them in terms of warm affection; and undoubtedly his desire to recover his liberty was stimulated by an attachment to them; even after he became aware that he must soon die, he desired to be at liberty, even if it were to die in a barn, to the end that he might not die a prisoner. But so soon as he learned the conduct of his wife, he instantly ceased to wish for freedom. It was the final blow to the poor convict, the unexpected thrust, like that which extorted the memorable *et tu Brute*, commanding surrender; and, poor fellow, he gave up at once. He never after mentioned wife or child, or desired to move beyond the limits of his cell.

## SPONTANEOUS CURE OF PHTHISIS PULMONALIS.

[PROFESSOR J. C. CROSS, late of the Transylvania University, writes as follows, from Paris, for the West. Med. Journ., on this important subject.]

It is not uncommon to find, in *post-mortem* examinations, puckered depressions, generally at the summits of the lungs, which are considered as the result of ancient cicatrices in those who have not fallen victims to pulmonary consumption. Dr. Bennett, it appears, has recently been prosecuting the investigation of this subject in the Royal Infirmary of Edinburgh, and he found old cicatrices of the lungs in 28 cases out of 73 ; and this result, added to that obtained by MM. Rogee and Boudet of this city—for they have been inquiring into the matter also—establishes the fact that phthisis has been spontaneously cured in one third, if not one half, of those who die after the age of 40. This result, which is opposed to the common opinion, and which reposes upon facts that it is impossible to attribute to any other cause, is not, however, contradicted by what we know of the chemical and organic composition of tubercles, or with what we have been taught by the study of their development. Indeed, all that we certainly know of the chemical composition of tubercle, is reduced to the established fact that in the first period of its development it differs from lymph only because it contains more albumen, and in its latter period more earthy salts. As to its intimate organization, it is certain that it is not of the nature of the malignant tissues, cancerous for example ; and notwithstanding the opinion of MM. Gulliver and Vogel, who contend that it is not organized, we can detect traces of cellular organization, but much more numerous granulations and variously-formed corpuscles that cannot be easily described, but which are readily recognized when they have been once distinctly observed. Two opinions prevail as to the formation of tubercles. Some ascribe them to inflammation, and others to a peculiar and vitiated state of the constitution. Now, neither of these are irreconcilable with the idea that phthisis may be spontaneously cured. The only difference, in truth, between tubercle and the products of ordinary inflammation, consists in the absence in the former of all disposition to become organized ; tubercle presents granulations and imperfect cells, while in the products of normal inflammation all the elements are perfect. Now, as these two different products are formed by the exudation of the *plasma* of the blood, the essential distinction between them should be found in a difference in the composition (chemical and vital) of the *plasma* of the blood that enters into their composition. Hitherto chemistry has reflected no light upon the exact nature of this difference, but it is probable that it results from the presence of *protein*, which has not so great a tendency to become organized as fibrin, and it is quite certain that when tuberculous matter is reduced to the molecular state by disintegration, it may be as readily observed as the products of normal inflammation. If, therefore, there is nothing in the nature of the elements of tubercle to prevent their absorption, there is no reason why we should refuse to regard the cicatrices found most generally in the summits of the lungs, where we know that the tubercles are most commonly deposited,



and when, too, they are discovered in aged persons who have died of other diseases, as evidence of the previous existence of phthisis pulmonalis, and of its spontaneous cure.

The treatment of tubercular consumption has heretofore been almost exclusively directed on empirical principles, and consequently no one has furnished absolutely useful results. Perhaps it would have been otherwise had we observed the course pursued by nature in the cures that have been spontaneously effected. This we have endeavored to do, and, we think, not without encouraging results. But two indications need be observed in the management of those threatened with, or actually laboring under phthisis. First, the morbid state of the blood that results from imperfect nutrition; and secondly, the local inflammation that produces an abnormal secretion—a secretion containing the elements of tubercle. These are the indications which Dr. Bennett points out, and to which he invites the particular attention of physicians; but if the reader will take the trouble to refer to the *Western and Southern Medical Recorder*, he will find them laid down by the editor, and dwelt on in a sufficiently full and explicit manner. All the information we have on this subject—derived from the researches of chemistry, morphology and physiology—go to show that the state of the blood, in the first place, is mainly attributable to an excess of oxygen in the economy, which combines with the tissues—causes their destruction, and produces acidity of the alimentary canal—and afterwards to an excess of azotized or albuminous matters, and at the same time to the absence of carbon and oleaginous matters in the chyle, the blood and other tissues, with the exception of the liver, which is the great emunctory of fatty and carbonaceous matters. There are then three objects to be kept constantly in view in the treatment of phthisis. First, to remedy the dyspeptic state of the alimentary canal, particularly the acidity of it which too frequently abounds; secondly, to direct such articles of food to be eaten as promise to form a suitable kind of chyme; and lastly, to subdue local inflammation. There are various means for the first purpose, but Dr. Bennett particularly commends mixtures with which he has perfectly succeeded in some cases, and with which he has subdued vomiting that had triumphantly resisted all other modes of treatment; the second is to be attained by a proper regimen; digestible food, milk, oleaginous and albuminous substances, and an equable climate, the tendency of which should be to diminish the excess of oxygen; of these means, Dr. Bennett particularly recommends cod-liver oil; and the third should be counteracted and controlled by local blood-letting—cups are preferable to leeches.

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#### CHLORINE IN SCARLATINA.

By Charles Maitland, M.D.

THE administration of chlorine in scarlatina, recently recommended by various practical writers, is attended with a theoretical difficulty which is likely to prevent many from fully testing its power of disinfecting the poisoned secretions. I refer to its liability to produce corrosive sublimate,

by combination with calomel previously introduced into the system. My object in troubling you with this paper is two-fold : to draw the attention of your readers to the remedy, and its mode of exhibition ; and also to obtain from those who have tried it, such assurance of its safety, or description of the cautions necessary, as may embolden others to employ it.

The formula for preparing chlorine in solution is given in Dr. Watson's "Lectures on the Practice of Physic," vol. ii., p. 764, second edition. A drachm of chlorate of potash is there ordered to be dissolved in an ounce of hydrochloric acid, previously diluted with an ounce of water. This proportion of water is too small, being neither sufficient to dissolve the chlorate, nor to retain the gaseous chlorine in solution at the ordinary temperature of a chemist's shop. I should therefore recommend two ounces of water to ensure uniformity, and this in addition to the usual precaution of a well-stoppered bottle, and a dark place for its preservation.

That such a solution of chlorine, even when highly diluted, will convert calomel into corrosive sublimate, is easily proved. After some preliminary experiments, made to determine the general fact, I mixed together six minims of Dr. Watson's solution of chlorine, two ounces of water at 60° Fahrenheit, and two grains of calomel. After ten minutes, a drop of the fluid placed upon polished gold, and touched with a steel point, yielded a perceptible amalgam ; and after fifteen minutes a decided amalgam was formed. After thirty minutes, iodide of potassium gave a pale scarlet precipitate.

A similar mixture at the temperature of 98° Fabr. yielded traces of mercury by the amalgam test, after five minutes' digestion.

Two ounces of warm infusion of tea, with some tea-leaves, milk and sugar, were mixed with six minims of solution of chlorine, and two grains of calomel. After an hour, all smell of chlorine had disappeared, and no trace of amalgam could be obtained during the next sixteen hours.

From these experiments, it would seem that the formation of corrosive sublimate by the co-administration of chlorine and calomel, depends upon the amount of organic matter present in the stomach and bowels ; a condition which materially affects also the disinfecting power of chlorine, if we may judge of the processes within the body by that which takes place without it. Experience, therefore, must decide the question, whether chlorine can be both safely and effectively given to persons already influenced by mercury, or taking it at the time.

After fasting for five hours. I took at bed-time two grains of calomel. and immediately after, three ounces of water, containing six minims of the solution of chlorine. A dull pain and heat over the umbilical region during the night, with the griping usually attributed to the action of mineral acids together with mercury, were the only unpleasant symptoms that followed ; but next day there were, slight coppery taste, looseness of the teeth, and a little grey edging to the gums. never before produced by the same dose of calomel alone. There is therefore reason to suppose, that if followed up by repeated doses of solution of chlorine, the *Draco mitigatus* would have altogether forfeited its claim to the appellation, and under some circumstances disagreeable results might occasionally follow.

—*London Lancet.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, MARCH 25, 1846.
 

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*Clinical Introduction to Auscultation.*—Messrs. Ticknor & Co. have sent us a copy of a neat publication, in the form of a compact duodecimo, containing 270 pages, bearing this title—"Clinical Introduction to the Practice of Auscultation, and other Modes of Physical Diagnosis, intended to simplify the study of disease of the lungs and heart, by M. H. Hughes, M.D., Assistant to Guy's Hospital," &c. Of course, it is a reprint, and from the press of Messrs. Lea & Blanchard. There are seven chapters, in which the whole subject of auscultation is considered in detail. The first chapter embraces preliminary observations and directions; 2, inspection or ocular examination; 3, palpation or manual examination; 4, percussion; 5, auscultation or examination by the ear; 6, mensuration or examination by admeasurement; and 7, succussion or examination by shaking. Opposite the title-page is a well-defined lithographic plate, representing the body laid out into various domains, by lines at right angles, so that a direct assistance is given the student, in finding the locality of organs.

These manuals are evidently increasing, but no one should regret their multiplication, since the more instruction we have, in the simplest form, and at the most economical price, the better for students and young physicians—and, above all, for society at large. This, with Dr. Bowditch's recent book, would put one in possession of the latest instruction in this department of practical medicine.

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*Massachusetts General Hospital Report.*—A copy of this annual messenger—being a report of the board of trustees to the corporation, in January last—shows that it enjoys, to the fullest extent, the public confidence. In 1845, 235 male and 163 female patients were admitted. The deaths from January to January, were in the proportion of 1 to 12 only. One quarter of the free patients were female domestics. The expenses of the institution in Allen St. for 1845, were \$16,090 73. Appended to this document, is a report of the medical superintendent of the McLean Asylum for the Insane at Somerville, which is connected with the Massachusetts General Hospital, and which will form a separate notice.

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*Mahomedan Physicians.*—A Bostonian, Thomas Wells, Esq., who has travelled extensively over the eastern part of the world, has written a book, entitled "Letters on Palestine," containing a vast variety of curious information, fitted to the benefit of all classes and ages of readers. On the 177th page, a notice of the medicine-taking propensity of the Sultan's obedient subjects, occurs, together with an illustration of the character and state of a hakim, or doctor.

"On our arrival at Zahle, we were beset with half the population of the place—some out of curiosity, some to get medicine, believing us to



be doctors in the healing art. A late tourist travelling in this direction gives an amusing account of a fat, jolly-looking dame, the picture of rude health, who insisted upon his feeling her pulse. It was in vain that he declared himself to be no hakim—physician. She would not be satisfied till he yielded to her request, and by assuring her that she stood in no need of medical aid. A dose of medicine would have been the most acceptable of all presents.

“Of the extreme eagerness of these people after physic, a ludicrous instance, related by the traveller just referred to, occurred at Constantinople. No person is allowed to practise there, as hakim, without a license from the Government, for which, of course, they are obliged to pay highly. A man had set up as doctor, without this diploma; the police were sent to apprehend him. Instead of seizing the culprit, they allowed him quietly to slip away, while they made a rush at his phials and gallipots, and swallowed, indiscriminately, the whole contents of his physic shop. Luckily, it consisted of simples only, and no harm was done.

“The practitioners in physic among the Mahomedans, are usually the barbers; in a country, of course, where every man’s head is shaved, the professors of the healing art cannot fail to be numerous. Their knowledge of the science of medicine must necessarily be extremely confined. They perform a few surgical operations, says Dr. Hume, and are acquainted with the virtues of mercury and some standard medicines. The general remedy in cases of fever and other kinds of illness, is a saphie from a priest, which consists of some sentence from the Koran, written on a small piece of paper, and tied round the patient’s neck.”

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*Portable Vapor Bath.*—A new and ingenious invention, by a medical gentleman of Boston, heretofore mentioned, is now in readiness for the public, as may be seen by reference to an advertisement in this Journal. It is not only curiously devised, but completely portable, which is a manifest improvement. A bath may be prepared in ten minutes, at a trifling expense, and without danger of soiling the apartment. Thus far, says a correspondent, it has the preference over the warm bath, which requires a large amount of fuel, and the important element of time, to heat a necessary quantity of water. Another recommendation of the apparatus is, that the temperature may be accurately graduated, and consequently adapted to the peculiarities of any individual case.

Physicians desirous of prescribing this form of medication, will be gratified with the convenient manner of using this curious invention. In families, what could be more economical, or, in fact, essential to health, than this form of bath? We begin to look with more than ordinary interest to this method of keeping the skin in a condition of health. Dr. Payne of New York University, Drs. Gibson and Jackson of Philadelphia, and some others of eminence in the profession, give this bath a high place in their estimation. Messrs. Carter & Wilson, druggists, corner of Hanover and Portland streets, are the authorized agents for New England.

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*Mineral Teeth.*—If there is perfection in any one of the arts, the making of mineral teeth comes as near to it as anything within the circle of our observation. Specimens are exhibited that vie with nature, and really

astonish those who have no very accurate knowledge of the manipulations through which these artificial organs pass, before being in a condition for use. Philadelphia has been the general depot for the manufacture of teeth, for a long time. Of late, however, Messrs. Hanson and Ross have opened a manufacturing establishment in Boston, in which are produced pieces of workmanship of extraordinary beauty. Having examined, with much interest, some of their patterns, of single and double teeth, as united to constitute a perfect set, we can bear willing testimony to their perfection. All friends to the arts, and especially that art which contributes so much to improve the looks, the articulation and the ability to masticate food, must be gratified with the progress making in this department of human skill.

*Mortality of Lowell in 1845.*—Dr. Wells, the City Physician of Lowell, states that “the number of deaths reported during the last year was 363, differing but one from either of the two previous years. This must be regarded quite satisfactory, as indicating, when we consider the increase of population, a diminished mortality.

“In the course of the last year the smallpox has made its appearance five times, but without proving fatal in any case, and in but one instance has it extended beyond a single case. In other places similarly situated, this loathsome disease has prevailed extensively and fatally; and our exemption, under the circumstances, can only be accounted for by the efficient measures that have been taken, to secure a general vaccination of the inhabitants.

“Of the efficacy of vaccination as a means of guarding against smallpox, there can be but one opinion; and there is good reason to believe, that equal exemption from varioloid might be secured, if vaccination were repeated as often as necessary.

“It is to be regretted that a prejudice, unfounded, should prevent some persons from availing themselves of its advantages. That vaccination may, in constitutions strongly predisposed, prove the *exciting* cause of certain diseases, is not impossible; but that it operates in accordance with common prejudice, by transferring what are termed *humors*, from one to another, my experience in about 2000 cases leads me to disbelieve.”

*Water Treatment of Smallpox.*—A witty writer in the New Hampshire Patriot, thus speaks of the newly-broached theory of water doctors, that smallpox may be prevented and actually kept at bay by their treatment.

“With regard to frequent ablution, being ‘to some degree’ a preventive, I hardly know what to say. This is a puzzle. The water is too deep for any but such as possess long legs, to enter with safety. I am not aware, however, that smallpox manifests any special predilection for ‘those who are not cleanly in their habits.’ If this shall be ascertained to be a *fact*, as above asserted, then there are multitudes of medical writers who must revise and correct their treatises of this disease. It sometimes has the audacity to assail ‘the upper ten thousand.’ As to the pleasure or the profit of ablutions, I am not disposed to quarrel with the writer I am criticizing, but I think even in this age of aqua-mania, it will require other agents besides water, to prevent or cure some diseases. Yet I do not question that ablutions, if frequently and faithfully performed, will

not only 'to some degree,' but *completely* prevent the spread of 'spontaneous' smallpox.

"Apropos, of water and hydropathy. The great burthen of all foreign letter writers and the themes of domestic scribblers are the praises of the water-cure. Our newspapers have become water-logged—the community grown dropsical. Our favorite authors are attacked with hydro-cephalus, and the whole civilized world fast becoming anasarcaous. It is a wonder if so constant irrigation should not dilute even the intellects of those who seek its sanative powers. Some seem already to have reached a 'degree of dilution' to which the fanciful dreamer, Hahnemann, only alluded. Mankind seem to have slept in profound ignorance, since the creation, that they were daily swallowing, only as a beverage, the great and universal panacea, when it ought to have been taken as a medicine. But drinking and bathing *scientifically* is the only way to devolope its curative properties."

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*Apothecaries in Chili.*—Capt. Wilkes says that they are chosen weekly to keep their shops open all night—and in case of sickness or requiring any aid, one has only to call for the *vigilante* (the policeman on street duty in cities) who takes the recipe and passes it to the next, and so on to the shop, where the medicine is obtained, and returned to the patient through the same speedy channel.

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*Public Health in Lima.*—That city has the reputation of being healthy—but the author of the Exploring Expedition seems to think undeservedly. There is a continual dampness, giving one a cold, clammy feeling, uncomfortable as well as prejudicial to the preservation of health. The interments have annually averaged over 3500, in a population, according to the best accounts, of no more than 45000. Many of these deaths, however, he supposes were among strangers. From immemorial time the climate has been fatal to the Indians.

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*Artificial Warts.*—A tribe of Negroes inhabiting a part of Africa, on the coast between the Nyambara and Nyango rivers, in about lat. 24 deg. 5', says Commodore Wilkes, of the Exploring Expedition, possess an art of raising prominent, fleshy tubercles or warts, that is quite mysterious to physiologists. The distinctive personal mark of this tribe, says Mr. Wilkes, is the most extraordinary of any (others, their neighbors, having lines and tattoos); it consists of a row of artificial pimples or warts, about the size of a pea, beginning in the middle of the upper part of the forehead, and descending to the tip of the nose. Of these they are very proud. Of the manner in which these singular elevations were produced, he continues, we were not able to learn. The slaves whom he examined at Rio Janeiro, having the symmetrical warts, appeared to be averse to speaking of the subject. Take it all in all, the process by which fleshy prominences are developed at will, to remain in a healthy condition through an entire life, baffles conjecture.

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*Compound Syrup of Actea Racemosa.*—The following formula for a syrup—something between the comp. syrup. scillæ and the simple syrup of



ipecac.—is highly prized by some of the physicians at the South. It is sent to us for insertion in the Journal by an eminent member of the profession at Washington, and is commended to the notice of readers.

R. Actæ racemosæ cont., cort. pruni Virgin., aa ʒij.; rad. seneka, ʒj.; succ. glycyrrh. glob., rad. ipecac. cont., aa ʒss.; aqua bull., Oij. Infuse the actea, seneka, liquorice and ipecac. in the boiling water, till it is cold, then add the pruni Virgin., and let it stand twenty-four hours; then strain and convert it into a syrup with sugar.

*Views on Vaccination.*—In the Journal of to-day will be found some observations on this subject by Dr. G. B. Smith, of Baltimore. While most of his views accord with the experience of discreet physicians, generally, that part relating to the kind of matter he prefers to use for vaccination, appears obscure. Instead of inserting pure lymph, we suppose he inserts fragments of crusts, since there is nothing else to be had from the arm at the end of seventeen, eighteen, or twenty days.

*Diabetes Mellitus.*—Mr. Hodges, of Downpatrick, narrates the case of a girl, 17 years of age, laboring under diabetes mellitus, the result of a severe fall, in which he adopted, with apparent success, the nitrogenizing plan of treatment proposed by Dr. Barlow, in the Guy's Hospital Reports, and also advised by M. Bouchardat. He prescribed the sesquicarbonate of ammonia in five-grain doses every three hours, with coffee and bacon for breakfast, animal food and cruciferous vegetables for dinner, and further directed friction of the skin, and warm flannel clothing. The poor girl, who at the date of this prescription was passing twenty-four pints of urine of the density 1.030, in the day and night, speedily improved; the secretion of urine diminished in four days to fourteen pints, the specific gravity continuing the same. This again fell in a few more days to eight pints, and that soon after to five, still, however, of the specific gravity 1.030. By the end of the month, the quantity of urine was about four pints in the twenty-four hours—pulse 60; tongue clean, appetite natural, and the girl said she never enjoyed such good health. The report about six weeks afterwards was that she had gained strength and color, and considered herself quite recovered. The effect of the nitrogenizing treatment in this case was well marked, and such as to warrant its adoption in other cases. In this instance the density of the urine continued very nearly the same, until the sweet taste had disappeared, when it was reduced to 1.020, and the secretion exhibited the color and smell of healthy urine.

*New York Medical Schools.*—The commencement of the College of Physicians and Surgeons (old school) was held on the evening of the 12th inst., and the degree of M.D. was conferred on 38 candidates. The valedictory address was delivered by Professor Beck.

The commencement of the Medical Department of the University of New York (new school) was held on the evening of the 11th inst., and the degree of M.D. was conferred on 131 candidates. The valedictory address was delivered by Professor Paine.—*N. Y. Med. and Surg. Reporter.*

*New York State Medical Society.*—At the last annual meeting of the New York State Medical Society, held at Albany, in February, 1846, the following gentlemen were elected officers for the ensuing year, viz.:

John McCall, M.D., of Utica, *President*; Stephen Hasbrouck, M.D., of New York, *Vice President*; Peter Van Buren, M.D., of Albany, *Secretary*; Peter Van Olinda, M.D., of Albany, *Treasurer*; John Stearns, M.D., Stephen Hasbrouck, M.D., *Delegates*, appointed to attend the National Convention, from this (First Senatorial) district.—*Ibid.*

*Ligature of the Right Subclavian Artery.*—The operation of tying the right subclavian artery as it emerges from between the scaleni, was performed at the Hospital, by Dr. J. Kearney Rodgers, on the 28th ult. The patient, a healthy Irishman, about 40 years of age, had an aneurism of three or four weeks' standing, of the axillary artery, about the size of an orange. Before the operation, the shoulder and arm were severely painful, but soon after the application of the ligature the pain subsided, and the patient is now comfortable.—*Ibid.*

*Effects produced by Eating Diseased Potatoes.*—I wish to describe a peculiar affection I have met with, and which I have invariably traced to the use of diseased potatoes. It is ushered in by rigors, hot skin, quick pulse, and pain in the abdomen. In the next stage, rose-colored patches appear, and as suddenly vanish, and, in the majority of cases, diarrhœa. In the third stage, there is a swollen state of the muscles of the neck, shoulders, and arms, with pain so acute that the patient will wince on the slightest pressure. Inability to raise the arms, pains in all the bones, a red erysipelatous state of the face and scalp, with œdematous swelling of the eyelids, so as to nearly close them. I have seen ten cases of this affection in three or four days, and in the same locality, all similarly affected.—Dr. O'BRIEN, in *Dublin Hospital Gazette*.

*Medical Miscellany.*—Dr. Joseph Maull, president of the Senate, has been sworn into the office of Governor of Delaware.—More than one hundred deaths, it is said, have taken place at Chillicothe, Ohio, within six months, from scarlet fever.—A Dr. Chambers, of Philadelphia, has been convicted of a conspiracy to procure abortion.

*To CORRESPONDENTS.*—Dr. Knowlton's Lecture on "Thomsonianism" (we prefer the more correct term "Thomsonism"), will be given next week. A communication from East Tennessee, respecting the late appointment in Transylvania University, and Dr. Comstock's paper on Tobacco, will have an early insertion.

*Report of Deaths in Boston*—for the week ending March 21st, 46.—Males, 29, females, 17. Stillborn, 6. Of consumption, 13—suicide, 2—smallpox, 1—hooping cough, 1—typhus fever, 3—lung fever, 3—infantile, 2—apoplexy, 1—disease of the kidney, 1—brain fever, 1—dropsy, 3—dropsy on the brain, 1—abscess, 1—inflammation of the lungs, 2—convulsions, 2—mortification, 1—inflammation of the bowels, 1—scrofula, 1—measles, 1—teething, 1—croup, 1—inflammation of the brain, 1—scarlet fever, 1—cancer of the stomach, 1.

Under 5 years, 17—between 5 and 20 years, 2—between 20 and 40 years, 13—between 40 and 60 years, 10—over 60 years, 4.

*On the Origin of Firm Bodies found in the Cavities of Synovial Membranes.*—Dr. Bidder offers a new theory in regard to the origin of the firm bodies which are occasionally met with in the cavities of synovial membranes. He was led to form this opinion from an examination which he made of a substance evacuated from the knee-joint of a patient, who had for a considerable time been suffering from a swelling of the joint, and symptoms indicating the presence of a foreign body therein; a natural opening formed itself, through which a granular substance evacuated; the individual granules of which this substance was composed were uniform in size and general characters; they were flattened and oval, about a line and a half in length, three-fourths of a line in breadth, and half a line in thickness; they were of a yellowish-white color, presented no traces of a pedicle, and were held together in heaps of various sizes by a very small quantity of a greasy transparent fluid. They were highly elastic, and when cut into, presented, both to the naked eye and beneath the microscope, a perfectly uniform surface, there being no appearance of laminæ, of a nucleus, of a surrounding capsule, or of any fibro-cellular tissue; they presented none of the characters of epithelial cells, or of oval fat-cells. Neither ether nor acetic acid detected in them any traces of fat; they were unaffected by water, but by the action of alcohol were shrivelled up. From these facts it appeared to Dr. Bidder that the explanation offered by Meckel and Hyrtl respecting the formation of these bodies could not be regarded as the only one: these anatomists attributed their formation to pieces of fat, which are deposited on the outer surface of the synovial membrane, through which they make their way and pass into the cavity of the joint, where they lie free, and the synovial fluid of which they take up and convert into fat; but it seemed to Bidder very probable, that the epithelial cells were in his case, and so might be in others, the cause immediately concerned in the formation of these bodies; that the cells, under the influence of increased vascularity of the synovial membrane, are abundantly thrown off and accumulate in the cavity of the joint, where, by a process of endosmosis, or in virtue of their own peculiar vitality, they increase in size by abstracting nutritive material from the synovial fluid in which they are immersed. This view would seem to be especially favored by the large quantity of albumen which the little bodies contained, and by the uniform size which the gall presented.—*Oester Medecin. Wochenschrift.*

*Physiological Application of the Microscope.*—Dr. W. B. Carpenter having been recently engaged to deliver a series of Lectures at the Royal Institution, Manchester, on the Microscope and its Revelations, was invited, by a privately formed class of resident medical practitioners, to deliver, during his stay among them, a demonstrative course on the Physiological Applications of the Microscope; in compliance with which invitation, Dr. Carpenter gave ten lectures, illustrated by numerous drawings and microscopic demonstrations, in the Lecture Theatre of the Medical School, commencing December, 2nd, 1845, and terminating on the 23d of the same month. The information which was afforded, comprised nearly all the recent advances made in physiological science by aid of the microscope, more especially in regard to the modern doctrines concerning cell development.—*London Lancet.*



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QUACKERY, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—Excepting a few clauses relating to local matters, the following is what was recently delivered before the Shelburne Falls Lyceum, on the question, whether the regular system of practice or the Thomsonian is the best. Possibly you may think it will prove interesting, if not useful, to some of the readers of your Journal. The statistical evidence referred to is from a paper by Samuel Cartwright, M.D., of Natchez, and may be found in Vol. I., New Series, of the American Journal of the Medical Sciences. As to my own experience in relation to Thomsonism, also referred to in the following article, it is not yet *recorded*.

*Ashfield, March, 1846.*

C. KNOWLTON.

MR. PRESIDENT, AND LADIES AND GENTLEMEN,—In my effort this evening to convince you that the regular system of medicine is better than Thomsonism, I shall first glance at some of the difficulties and disadvantages under which I must labor in making this effort before a popular assembly. Having thus in some measure prepared the way, I shall proceed to offer such views of the two systems, including their practitioners, as I believe to be correct. I intend, also, to read what little statistical evidence I am in possession of, against Thomsonism, and to relate what has fallen under my own observation in relation to it.

The subject before us is certainly one of vital importance to every individual in the community, and one that ought to be discussed in a candid and impartial manner. For my own part, I feel willing to admit the imperfections and inefficiency of the regular system, and of its practitioners, to their true extent; and I hope that you are all willing to lay aside all prejudices, and hold yourselves open and free to receive the truth, let it come from what quarter it may.

Although the science of medicine is founded on many well-established facts, still there is much in the *practice* of medicine that partakes of the nature of uncertainty. The object of this practice is to cure diseases; but, setting aside surgical cases, nearly all important diseases consist in an internal something beyond the direct cognizance of our senses. We cannot look into the human system to see what is going on there—we are left to *judge* by the signs or symptoms which the disease puts forth. But it requires great knowledge of the animal economy and of the various diseases to which it is subject, to do even this with any tolerable de-

gree of success ; for it is unfortunately the case that scarcely one of the long catalogue of internal maladies which "flesh is heir to," invariably puts forth any one symptom or set of symptoms by which its existence may always be known. Nor is this all that tends to render it difficult to form a correct opinion of the seat and nature of our diseases. The structure of the human system is so complex, and there exists between its many parts such relations and sympathies, that when one part is out of order, more or less of the other parts are sure to suffer, and it is often the case that these parts, thus secondarily affected, present far more distressing and prominent symptoms than the part which is the prime seat of the mischief ; and hence those practitioners who are not well acquainted with all these parts, and their physical, functional and sympathetic relations to each other, are liable to be deceived, and think, perhaps, that their patient labors under consumption, for instance, when it is but a case of disordered liver, or that he presents a case of dropsy of the head, when it is only disordered bowels, and so on. And more than all this, some diseases which are very different in their nature, and require not only different but *opposite* modes of treatment, sometimes present symptoms so very similar that they cannot be correctly diagnosed except by physicians who possess that tact which can be acquired only by much reading and well-directed experience. And thus it is that a Thomsonian, or an incompetent M.D. (and of course the people around), may honestly believe that he has cured a case of consumption, or of peritonitis, when in fact, the former was only a case of bronchitis, and the latter a case of hysteria. You perceive, then, that it must be extremely difficult for people who are unacquainted with the science of medicine to decide correctly, from their own personal observation, what mode of practice is on the whole the best, or who is the best doctor. They may see the physician deal out his medicines, knowing what they are, and may observe that the patient gets well ; but they cannot see the internal disease of the patient ; and hence, although the patient may appear to be very sick, they cannot know that his disease is of a fatal tendency, or difficult to cure. They may, indeed, be told by the physician that it is so ; but both the knowledge and the honesty of the physician are to be considered. He may be mistaken, and if he be anything short of a regular and well-read physician, it is far more probable that he is mistaken than that he is correct.

I was about to say that it is the easiest thing in the world for the people to be deceived in relation to the competency of physicians and their modes of treatment ; but I shou'd be nearer the truth were I to say, that at the present day it is one of the most difficult things in the world for them to be, and to remain, *undecieved*. They may observe that in one season all the cases of scarlatina, or dysentery, or erysipelas, under the care of Dr. Lobelia, get well ; and at another time, all the cases of these diseases under the care of Dr. Calomel, terminate fatally. Yet this does not *prove* that Dr. Lobelia is a better physician, on the whole, or even in these diseases, than Dr. Calomel ; for at one time these diseases may be mere flea-bites, while at another they may be as deadly as the plague. They may observe that at the same time and in the same village, it is

said that Dr. L. and Dr. C. are both having cases of fever, and that those of L. recover, while those of C. do not. But this does not *prove* that L. is better than C., even in fevers. The cases of L. may be mere bilious or stomach derangements, which often so resemble the commencement of a fever that neither the patient, his friends, or the physician—unless far more able in diagnosis than any irregular practitioner that I ever knew—can tell the difference. Perhaps if these patients of Dr. L. had first called on Dr. C., a few grains of medicine from his pocket would have put them about their business the next day, instead of their being confined for weeks under Dr. L.'s treatment. All things worthy of the name of medicinal agents, produce some change in the animal system—they excite an action, for it is impossible to conceive of change without action; and the action excited by a medicine is *never* exactly a healthy action, be it excited by cayenne, lobelia, alcohol, mercury, or any other drug. But it seems to be a law of the animal economy, that no two diseased actions can exist in the same part at the same time, any more than a man can travel east and west at the same time; and remedies cure diseases by setting up a diseased action of their own, which kicks, as it were, the former occupant out of doors, and then dies of itself, because it is not kept up by a repetition of the medicine; and thus a chance is given for the healthy actions to arise (by virtue of the inherent powers or tendencies of the system), and pursue their usual course. But Dr. Lobelia may be some incompetent M.D., or he may be a Thomsonian, and consequently unable to distinguish between the primary diseased action, and the one excited by his remedies. Of course he does not know when to leave off his remedies. It is money in his pocket to continue them; he has faith in them; he thinks it is safest and best to be sure and give enough, and so he goes on dosing and fussing, day after day and week after week, until the time at length arrives when, as every body knows, a fever ought to begin to get better if it is ever going to do so; he consequently now begins to hold up a little, and thus the patient is permitted to get well. And thus the rumor goes that Dr. L. has had a case of fever, and cured it, too, when in truth it ought to be called a case of *lucky escape*.

Bear in mind, then, that it is next to impossible for people in general to form any correct estimate of any mode of medical practice from what falls under their own observation. Nor can you be sure that any physician or his mode of practice is entitled to confidence from the fact that he has an extensive ride and is highly spoken of by many. Most people do not make a proper distinction between the man and the physician; and if the *man* be agreeable in his ways and appearance, he is very likely to be high'y spoken of by many as a physician, although his medical talents may be quite ordinary. It is not unfrequently the case that the most consummate quack carries all before him for a time; and yet all the while his cases of cures bear but a very small proportion to his cases of failure. A man may possess and exercise a great deal of cunning and craft in relation to all the ordinary affairs of life, and yet not be a skilful practitioner. Indeed, the practitioners of medicine may be divid-



ed into two classes, with respect to their methods of obtaining the confidence and patronage of the community. The one class rely mainly on merit. Their great aim and effort is to *merit* confidence. On this they are willing to stand or fall. They feel the ability is within them, and that in time it must become apparent. They have neither taste nor tact for management. The other class are all *management*. They study this more than anything else. Their motto is, "The business of a physician does not depend on what he really is, but on what the people *think* he is;" and it is a true motto. It is not their great aim to *merit* patronage, but to *get* it. They always keep one eye out for the *popular*, and are ever ready to join a popular cause or clamor, be it right or wrong; and yet, under certain circumstances, they have no mind of their own, but are all things to all men. They belong to this party, or to that, or to no party at all, according to the state of parties in their place of residence. They are much given to "scraping acquaintances," and when not among their patients you will find them in places of public resort, or holding long yarns in the corners of the streets, with any one they may chance to meet. [If they be Thomsonians—besides what is related of their management in other parts of this discourse\*—their great aim and effort is, to destroy the confidence of the people in the regular profession. To accomplish this, they resort to means the most wicked and contemptible. They ransack the libraries of the regular profession in search of such passages in their medical authors as comprise acknowledgments of the past and present imperfections and errors of the science and practice of medicine; such as speak of the evil effects and abuses of the lancet and other potent remedial agents in certain cases; and especially do they select from our Dispensatories what is said under the toxicological head of the effects of mercury, opium, antimony, arsenic, &c., when taken in excessive or poisonous doses, leaving out all that is said of their *medicinal* properties and uses; and having collected together all these passages, as well as all the recorded slangs and slurs that have jocosely or seriously fell from the lips of prominent men against the profession; and all the commendations of Thomsonism which could be flattered from a Waterhouse in his dotage, or from other incompetent, unsuccessful, disaffected, and broken-down M.D.s, or gathered from distant empirics, dubbed with the appellation of Doctor, they embody them all in a book, together with a goodly proportion of slang and falsehood from the ignorant and interested compiler, and cause it to be circulated among the people. And not content with all this, some of the dupes and understrappers of the system will take this book and read from it, before Lyceums and other popular assemblies, all these isolated and garbled passages relative to the abuses of certain important remedies, and their effects on the animal system (the lower animals, and not man, often being the ones in which the effects have been witnessed) when taken in excessive or poisonous doses; and then these readers, some of whom know not the meaning of *cataplasm*, and cannot rightly pronounce the word, exclaim, "These are the

\* What is here included in brackets is added to the discourse since it was delivered at the Lyceum.

effects of the remedies on which the regulars rely for curing disease—these are the acknowledgments of the most eminent and honorable of their craft: and thus is their system condemned, even by its own ‘professors!’] They have very sick patients, partly for the purpose of pleasing the patient, but more for the purpose of performing great cures; and if they lose a patient with any disease that is generally curable, then it is apt to get the name of consumption—perhaps the “quick consumption,” or of some other disease less curable than the one with which the patient actually died, or else the patient died because “the mortification set in.”

Perhaps some of you may think that some of these remarks have no relation to the subject in debate, but I wish to apprise you of the various reasons why it is extremely difficult for the people to form any correct, comparative estimate of any two modes of practice, except by *statistical* evidence, derived from extensive and well-conducted experiments. Now this is a kind of evidence that cannot be brought before this audience; or at least, not such an amount of it as will prove satisfactory to all. Let a thousand cases, including all sorts of diseases, be put into a hospital, and there be treated entirely on the Thomsonian plan until all are either dead or cured; and at the same time let another thousand similar in all respects to the first be put into another hospital, and there treated on the regular plan until all are dead or cured, and we might then, perhaps, be in possession of statistical evidence that would be satisfactory to all. But no such trial has ever yet been made, and therefore in my effort to convince you of the superiority of the regular system, I must depend mainly on reason. I must *reason* with you on the subject.

But, my friends—I ask the question out of no disrespect to your general intelligence—are you prepared to reason, or be reasoned with, on this medical subject? No doubt you are prepared to receive information on the subject, but do you *already* possess this information? Pope discovers correct views of human reason, when he asks, “What can we reason, but from what we *know*.”

Knowledge is the very foundation, the *sine qua non*, of all reason and all reasoning. To reason on any subject is simply to think over, in a connected order, all that we know in relation to such subject, and just in proportion to one’s correct knowledge of any given subject, will be the correctness of the conclusions to which he arrives by reasoning upon it. Now have you made the human system and its numerous diseases, together with the various remedies for these diseases, your great study for years? Have you ever read understandingly even one of the thousands of thick volumes that are extant on the subject of medicine? Indeed, have you even for one short year followed both the regular and the quack, or either of them, in his daily rounds into all the nooks and corners of the town, and witnessed for yourselves the effects of his remedies? If you have done none of these things, how is it possible for you to be in a favorable condition for reasoning on the subject of medicine? Perhaps some of you may say, that you have read Thomson’s book. So much the worse, for the man who is entirely ignorant is nearer the truth, than the one who has been taught to believe what is erroneous.

Here, then, is one of the difficulties to which I alluded—you have had no means of forming a correct estimate of any system of medicine; I have no statistical evidence sufficient to satisfy all of you of the superiority of the one system over the other; I am consequently left to reason with you; and yet you are not in possession of that medical knowledge which is necessary to enable you to appreciate the force and correctness of my reasoning.

I will now call your attention to what may more properly be called a *disadvantage*; under which I am laboring. It consists in the deep-rooted, I may almost say the *inherent*, prejudice of the popular mind against the regular profession and its remedies—a prejudice so great that it is worthy of an attempt to account for it.

Mankind are naturally democratic. A majority have a predisposition in favor of equality; and when they see a physician charge for an hour's ride the price of a day's labor, many of them do not duly consider all his preparatory and present expenses; they do not consider that his chances of earning anything are irregular and uncertain in their occurrence; they do not consider the deep sense of responsibility and the anxiety under which he must be almost continually laboring; they do not consider the pains and woes which he must frequently witness; they do not consider his broken hours of repose, and the irregularity of his meals, and they are apt to think he charges too much—but he gets his living easier than other folks—than *they* do, and hence some degree of prejudice against him. Again, there is something in our nature which inclines us to take sides with the weaker, or the apparently weaker, party. Of the two, we are pleased to see the little dog whip the greater. And this same something causes the people to be pleased at the success of the quack. They regard him as the little dog—sprung up on his own hook, self-made, never enjoyed the advantages of the regular physician; and to see him whip out the big M.D.s is just what pleases them. His success comes in a measure unexpected to them. It makes a strong impression on them; they long remember it, and they are much disposed to sound it abroad, and even to magnify it. Men love money, too, and Thomson comes forward and tells them that every man may be his own doctor, and thus save his money. This causes them to like Thomson, and dispose them in favor of his practice, and consequently against the regulars. But the popular prejudice against some of the principal remedies of the regular physicians is even greater than against their persons or profession; and I feel at no loss to account for this prejudice.

In the first place, no man, be he a Thomsonian practitioner or anything else, *no man*, but the physician who uses these remedies, does have, or by any possibility can have, any adequate idea of the immense good that is accomplished by them. These remedies are daily nipping diseases, as it were, in the bud, without a fuss and a noise, and rendering others so mild and of such short duration, that only the near neighbors of the patient ever knew of his being, or having been, unwell; and they soon forget it. I have not the least doubt—but I must leave it with you, my hearers, to decide whether I, or a physician of souls, or quacks, are best prepared to



judge\*—I have not the least doubt but that bleeding, mercury, opium and antimony, separately or combined, save four times as many lives in these United States, every year, as are saved by all other medical means combined, and fifty times as many as would be saved if Thomsonism had the whole sway and practice. I speak not of those cases which would in time recover under mere nursing, and of course I speak not of some of our cases of idiopathic fever, for some of these cases would so recover; but I have in mind more particularly our acute, internal inflammations, nine-teenths of which would most certainly terminate fatally, sooner or later, but for these remedies. I care not how much they might be steamed and dosed by all the means and appliances of pure Thomsonism, *they would die*. I will venture to say, I *know* they would die; and yet I believe I am as much disposed to doubt, and am as cautious how I use the word *know*, as most people. But when the combined experience of all the enlightened physicians of the past and present age, and of all nations, and my own experience for years, which includes some experience in, and of, Thomsonism, all go to confirm me in this opinion, how is it possible for me to doubt?

But it is impossible for the people to be fully convinced that these remedies are thus instrumental in preserving life. They may be told by physicians that they are; but there is another class of men who assume to be far wiser than physicians in this matter, who not only tell them by word of mouth that they are not, but who issue books, pamphlets and papers, and scatter them among the people, in which they pronounce these measures of a deadly tendency. They style them *poisons*, and tax their wits to the utmost to prejudice the people against them; while the regular physicians *take no such measures* to disabuse the people, and defend themselves against the ignorant, the interested, and the vile attacks of the quacks.

The people, not being aware of the immense benefit derived from these remedies, stand prepared the more readily to be prejudiced against them by any evil which now and then they see, or think they see, arising from their use. Some of these evils stand out in bold relief, and the people are much more sure of their existence than they are of the good effects. For instance, a man has an inflammation of the bowels, takes calomel, and gets a sore mouth. Now there is not a person in all the town, except his physician, who is in any degree so sure that the calomel has cured the inflammation and saved the man's life, as all are that it has caused a tedious sore mouth. And the patient and the whole neighborhood will remember this case of sore mouth longer, and think more of it, than of forty cases of bilious, bowel, and other disorders, in children and others, which are cured by calomel before the patients become very sick.

These remedies are of course given where it is certain death without them and probable death with, and in these desperate cases they are sometimes properly pushed to an extreme; and in such cases, if the patient dies, or only partially recovers, and remains with a shattered consti-

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\* One of the advocates of Thomsonism was a clergyman.

tution, the people, not knowing the real grounds and merits of the case, are very liable to think that the loss of life or of health may be owing to a pernicious influence of the remedies. And here come in the quacks, and especially the Thomsonians, who, knowing that they can rise only by the fall of the physicians, undertake to make great capital out of this. They blow these slumbering prejudices and conjectures of the people into a flame. To do this, they resort to divers measures. They undertake to reason with the people, and as their medical reasoning is of course on a par with their medical knowledge, which is just about the same as that of the people in general, it is adapted to the understanding of the people, and better calculated to influence them than the correct reasoning of the learned physician.

Another disadvantage under which I am now laboring, consists in the circumstance that I myself am one of the regulars. Consequently you cannot divest yourselves of the idea that I am *personally* interested in speaking against Thomsonism, and therefore my remarks cannot have such weight with you as if uttered by some preacher of the everlasting gospel, or some other one who, to all appearance, is influenced only by motives of "pure and disinterested benevolence." But you must consider that I am influenced by a selfish motive, or I am not. If *not*, then my opinions and remarks are entitled to your confidence, so far as you may think my knowledge extends; but if self-interest *be* the prevailing motive with me, then I should have adopted the Thomsonian plan long ago, if I thought it the best. For surely it is to my interest, and it has long been my ambition, to discover and adopt the best plan of practice. There is no reason under heaven why I should not. I am bound to no party, school, or system, but am free to choose from among the whole. I am already in a measure familiar with Thomsonism—perhaps more so than any Thomsonian in these parts is with the regular system. I have read their works, and have them now in my library standing by the side of Gil Blas, Gulliver's Travels, and other tales and extravagances; and I dare say I have on hand as much lobelia, cayenne, barberry bark, and certain other roots and "yarbs," as any Thomsonian in the county. I have witnessed much of the operation of these drugs, both in my own hands, and in the hands of others, and, what is more, I have myself taken several efficient doses of them. Surely I am not sensible of any particular personal interest in this matter. I have no fears that Thomsonism will ever injure me essentially. For fifteen years I have been a constant supporter of a paper which nearly all this time was one of its greatest advocates; but I cared not a straw for this. In relation to mercury, &c., I feel as the christian does in relation to his religion, and in the language of the christian I can most heartily say, "The gates of hell shall not prevail against it." And this is probably the feeling of every physician who well understands its properties and uses; and hence one reason why they make no united and public effort to put down Thomsonism or any other form of quackery. I am not sure that one of them would ever thank me for this present effort, should it come to their knowledge. Another reason is, they are not sensible that quackery has any tendency, on

the whole, to diminish their business. And yet a physician cannot say a word against quackery but the people are ready to think, if they do not exclaim, "Just as might be expected, for you are *interested*." It might be well for them to consider for a moment, whether in the matter of interest the boot may not be upon the other leg. Let them consider that it may be the Thomsonian who is interested in condemning the regular practice. Let them consider that it is ten fold—yes, twenty fold easier for the regular to become a good Thomsonian (if there is any good about it), than it is for a Thomsonian to become a tolerable regular; and that the Thomsonian can do nothing without first destroying confidence in the regular, while every good regular, once established, always does, and always will have business enough, though Thomsonian doctors should become as thick and as greedy as mosquitoes in Arkansas.

I come now to speak more directly of Thomsonism; but time will not permit me to say much under this head. The question before us cannot be fully discussed in one evening, and my views of the way and manner in which opinions are formed and changed, are such as to forbid me to expect that I shall convert a single friend of Thomsonism to the regular system, this evening. Let a man wholly ignorant of medicine peruse the publications of the Thomsonians, and he will certainly be Thomsonian in his views and feelings. And then, after hearing or reading an equal amount of talk and argument on the other side, he will only be in a state of uncertainty, doubt, or neutrality of opinion. But let him become thoroughly acquainted with both systems—with all the plagiarisms, craftiness, and *dishonesty* of the writers and practitioners of the two systems, and I doubt not that he will regard that of Thomsonism, taken in all its parts, bearing and influences, not merely as an innocent and inefficient system, but as one great system of *fraud*, originating in ignorance, and pushed onward by the meanness, deception, falsehood and craftiness of its writers and practitioners; and of a deadly tendency.\*

Here is their leading work—or at least one of them. It is entitled *Thomson's Materia Medica and Anatomy*. But what is it but a plagiarism, a *theft*? Take from it what has been copied into it, word for word, and plate for plate, from Wilson's *Anatomy* and other works of the regular profession, including those on botany—*copied too without giving credit, or even the mark of quotation*, and what little remains is of no great consequence in any point of view. Are you prepared to give countenance to a system which does and *must* resort to such meanness and deception as this?

I am wrong, however, in saying that this work contains nothing of much consequence *in any point of view*, except what is copied from the works of the regular profession. It contains many deceptive representations, of a fatal tendency, as they tend to destroy the confidence of the people in the regular profession, and to place undue reliance on Thomsonian treatment. Much that is found under the head of "*History of*

\* This "deadly tendency" of the Thomsonian system does not so much consist in any direct effect of their mere *practices*, as in destroying the confidence of the people in the regular profession, and thus leading many to dabble with Thomsonian practitioners, or at least their measures, until the best, perhaps the only, period for giving their disease a favorable turn, is past and gone forever.



*Dr. Samuel Thomson's Efforts,*" &c., commencing on page 493, is of this tendency. Yet when the cases there given are critically examined by a physician, he finds that no reliance can be placed on them, and consequently that they *prove* nothing in favor of Thomsonism. He finds that Thomson there tells of curing many cases of *consumption*. At one time "five desperate cases of consumption," all in a heap, in the town of Eistport, Me.—all relieved in three weeks, and all living twenty years afterwards!—(See page 549.) The symptoms of none of the consumptive or other cases are given, so as to enable us to judge of their nature or severity. He sometimes says, the case was given over by the physicians. This is a sort of "trick in trade," often resorted to by the quacks with which I happen to be acquainted. It is many times like this:—A season comes in which a physician has as many acute cases on his hands as he can possibly attend to; he neglects his chronic and less urgent cases; they become disaffected and impatient in waiting for their physician, and finally send off for some noted quack, who reports that the case was given over as incurable. In most of Thomson's cases here alluded to, with all his evident disposition to present the bright side of the picture, he only tells us that he treated them with "success," while in some of the cases we find that this "success" means *a little better*, at least for a short time. It formerly fell to my lot to witness considerable of this kind of "success," when an old case was put through a course of Thomsonian stimulation by a new *Doctor*, of whom the patient had heard great stories, and in whom he had great faith. It lasts about the same length of time that it requires for white birch poles to rot, according to one Bartlett, who used to live in Ashfield, and was asthmatic. "Here," said he to priest Shepherd one day, "here is where I broke my wind, running with white birch poles from the hill yonder, to get them upon this fence before they were rotten!"

Here the question naturally arises, *What is Thomsonism?* And it is important to have this matter settled, for I have not come down here to contend against any part of the regular system. It is *Thomsonism*, and not a mixture of this and the regular system that you are to take into consideration in your decision this evening. The great bulk of this book (*Thomson's Mat. Med. and Anat.*) is not, by any means, any part or parcel of Thomsonism. Thomsonism cannot with the least shadow of propriety claim anything that was known and practised by the regular profession, and recorded in their books, before the time of Samuel Thomson, of Alstead, N. H. And if, since that time, the regulars have made any discoveries in their science, and those calling themselves Thomsonians have adopted these discoveries, still they constitute no part of pure and legitimate Thomsonism.

The true extent and meaning of *Thomsonism*, aside from all its deceptions, mischiefs, &c., may be defined in a few words. Its theory consists in three false ideas, that heat is life, that all disease is a unit, and that this unit consists in a loss of the natural, healthy distribution or equilibrium of the heat; while its practice consists in giving stimulants, steaming, and vomiting with lobelia, all under one head or course. It is the *union*

of these three things, and the nature of the emetic drug used, that constitutes the 'Thomsonism' of the practice. Emetics, steam and stimulants, even the same stimulants, were known and used long before the time of Thomson. Thomsonism condemns bleeding, all minerals, opium, and nearly all other vegetable products that ever found their way into an apothecary's shop, and also all cathartics and laxatives by the mouth; *and it does not include enemas or injections*, for these were long known, and used before the calamity of Thomson's birth! *It includes nothing, and it is entitled to nothing, of the least beneficial consequence*, more than I have now stated.

That this 'Thomsonian course' (I do not mean the *system*, with all its evil tendencies) may be beneficial in a very small proportion of the cases that arise (if not pushed too far), I am very ready to admit. It may, like other things, break up some colds, and possibly some fevers of a remittent type, and limber out some old cases of rheumatism. And in some cases of disordered stomach the emetic, without the steaming, may be beneficial; but no emetic ought to be often repeated in stomach complaints. You must bear in mind, however, that Thomsonism is not entitled to any credit, so far as mere puking helps their patients, unless there is a *peculiar* benefit derived from the nature of the emetic which they use; for patients were puked enough, in all conscience, centuries ago.

Now after using all kinds of emetics for years, I have come to the conclusion, that in a great majority of the cases requiring an emetic, there is no peculiar advantage in lobelia; but there is certainly one great disadvantage in it. I allude to the well-known, alarming, and death-like prostration to which its narcotic property is liable to give rise. Lobelia is one of the acrid narcotics, of which there are several in use, and in cases requiring an emetic, where there are certain pains and spasms, lobelia may be the best, but I am quite sure that in bilious derangements, antimony is better than lobelia or ipecac.

Lobelia greatly promotes the mucous secretion of the stomach, just as tobacco does that of the mouth. Hence those who take it generally vomit up much viscid, glairy matter, into which the Thomsonian doctors are in the habit of rolling the end of a stick, and then pulling up a rope of this matter some feet long, and calling to it the attention of the patient and those around, they remark, "No man could be well with such a lot of cold, heavy phlegm in his stomach as that. I thought it was there." And I have no doubt but that most of them honestly believe that this matter is in the stomach before the patient swallows the emetic, and are not aware of the fact, that lobelia may cause this matter to be vomited from a stomach that was in the most healthy condition.

In deciding on the question before us, my hearers, I trust you will consider that you ought not to fix your eye upon the most skilful man within your knowledge who calls himself a Thomsonian practitioner, and then on the most incompetent M.D., and say which of these two is the best doctor. Nor are you to say which is the best in a few certain diseases. You are to take a more general view of things than this. You are to decide on *systems*, in all their bearings, and not on individual practitioners. Although

the regulars are all raised pretty much in the same way, as well as pumpkins, still they differ as much as pumpkins. Some are noble, large and ripe, some are small, some are *green*, and some are *soft* and good for nothing; but it does not follow from this, that pumpkins, on the average, are no better than *mushrooms*—the growth of a night!

I will now relate to you what has fallen under my own observation in relation to Thomisonism, and I will do it extemporaneously; for I confess, that if I had it all written out here, I fear you would regard it as a mere story, made up for the occasion. I fear this, because I am one of the human species, not exempt from its infirmities, and the perusal of quacks' books and advertisements has long since convinced me, that, for the sake of gain, mankind (or a kind of men) *will lie like Sam Hill!*

#### TOBACCO, ITS EFFECTS IN DYSPESIA, ON THE MEMORY, AND ON LONGEVITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I know an instance of a man in his 70th year, who has followed smoking for more than thirty years. He uses the pipe. I believe he first smoked for toothache, but was confirmed in the practice by a remark of Edward Daniel Clarke, LL.D., author of a book of Travels in Europe, Asia and Africa; and to whom is attributed the invention of the blow-pipe. Dr. Clarke observes to this effect, that *smoking is the best remedy for fatigue and indigestion*. This has been verified, so far as relates to the latter effect, in the case above alluded to, the individual having been in early and middle life afflicted with dyspepsia, complicated and severe, but is now completely free from any symptom of the kind, and enjoys excellent health, and vigor of body and mind.

Dr. Franklin somewhere informs us that he discontinued the use of tobacco, from its affecting his memory, by impairing it. It is very probable that this article, like other narcotics, and like aliments, condiments and drinks, affects different constitutions differently. But the following instance is so very different from Dr. Franklin's hypothesis, that I have thought fit to submit it to your consideration. It is abridged from an article in the Universal Biographical Dictionary.

Magliabecchi was Librarian to the Grand Duke of Tuscany, and editor of some scarce Latin authors. He died in 1714, at the age of 81. His name is very famous among the learned; but his prodigious memory was his distinguishing talent. A gentleman, to make trial of the force of his memory, lent him a manuscript which he was about to print. Some time after it was returned, the gentleman came to him with a melancholy face, and pretended it was lost. Magliabecchi being requested to write down what he remembered of it, *wrote the whole without missing a word, or varying the spelling!* The following is the conclusion of the article. "He lived upon the plainest and most ordinary food. He took *tobacco*, to which he was a *slave*, in excess, but was absolutely master of himself in every other particular."



The gentleman before mentioned, who thinks that tobacco cured him of dyspepsia, is not a *slave to tobacco*. On the contrary, he usually restricts himself to its use in the evening only ; or at any rate, after his tea or last meal.

Whether or not the use of tobacco promotes longevity, is a mooted point. In some parts of the country I have learned that instances of sudden death have been imputed to smoking. From the great age of the Italian author, from whose biography we have quoted, it would not, in his case, appear to have shortened life. The number of persons in the United States, of 100 years old and upward, exceeds, in our 18,000,000 of inhabitants, the number in any other country on earth ; at least so far as I have been able to ascertain. Let their aggregate amount of population be what it may. We exceed China, with her 370,000,000, over 100 to 1!—they counting but 4 of that description, whilst we, by our census of 1830, had 676.

Of our centenarians, contrary to our former prepossessions at the North, it appears that a great majority pertain to the southern and slave States ; and, as I am informed, many of them are blacks. Now tobacco, as every one knows, is in those States raised, not only for their own use, but largely for exportation, and is extensively used by all classes and colors.

The London Quarterly Review, in reference to an increase in the number of people of advanced age in Great Britain, mentions the universal introduction of tea, as one of the causes to which it is to be imputed ; it being an opinion derived from the Chinese, that tea promotes longevity. But was tea the only cause, we should expect to find a preponderance of centenarians in the Celestial Empire, over the whole world ; as tea is there produced and universally used.

To decide in what manner tobacco, by smoking, can possibly act as a remedial agent in dyspepsia, may be difficult ; that is, admitting it so to be. When I first had the idea suggested, nothing could appear more improbable. But observation has made me a convert to the belief, in some cases. Now the smokers of the article are observed to discharge a greatly increased quantity of saliva ; and where this discharge is remedial, it may be that its being discharged leaves the gastric juice more concentrated, more and better qualified to do its destined office in the process of digestion. Whereas, if it were swallowed, it might too much dilute and obtund that all-important agent in the digestive process.

The *rationalis* may be viewed in another point of light, applicable both to indigestion and longevity. It is a remark derived from Lord Bacon, that *nothing contributes so much to longevity as frequent doses of gentle physic*. The well-known tendency of smoking to move the bowels is such, that I am disposed to think it is rare to find smokers habitually constipated.

Dr. Rush was decidedly opposed to the use of tobacco in any form. Among his other dissuaves from its use, he mentions that no domestic animal will touch it ; and of wild beasts, only one, of a mean and inferior kind, called the rock-goat, which will, however, feed upon it. Hence I have heard, in Philadelphia, the tobacco-chewer designated by the ap-

pellation of *rock-gut*. Dr. Rush relates an anecdote of the power which the article possesses of producing an acquired, unnatural and artificial appetite. He tells us that Gen. Arnold informed him, that in his disastrous march through Maine into Canada, in which his army suffered for want of clothes, food, bedding, shoes, and every other necessary of life, in an inclement season of an inclement climate, there was more complaint from the want of tobacco, than from all their other deprivations.

In conclusion I would remark, that the excessive practice of smoking cigars, in young men, is undoubtedly pernicious and highly prejudicial to health. Dr. Waterhouse, of Cambridge, many years past, thought that the frequency of consumption, in that class of persons, might be referred to this cause. And although dyspepsia may be remedied by a moderate smoking of the pipe in certain constitutions, I am disposed to think that the immoderate smoking of cigars tends directly to a contrary result.

*Lebanon, Conn., March 16, 1846.* I remain, Sir, yours, &c.

JOSEPH COMSTOCK.

#### A CASE OF TETANUS SUCCESSFULLY TREATED.

[The following case, if correctly reported—and there seems no reason to doubt that it is so—is none the less valuable for the method of cure being similar to that which at the present time is so often used empirically. It is related by W. S. Preshaw, M.R.C.S. Ed., in the London Lancet for February 7.]

On Wednesday, 22nd Oct., 1845, I was requested to visit F. B——, aged 11 years, residing at George's Town. He complained of a slight stiffness of the neck; had pain and difficulty on moving his head, legs, &c. I inquired if he had sustained any injury. He said he had not. Ordered a smart purgative of calomel and jalap, a warm bath for twenty minutes, and an antispasmodic mixture of sulphuric ether and tincture of opium. Towards evening the rigidity of the muscles of the head and neck increased, attended with difficulty in swallowing, tightness about the chest, and inability to move the jaw; the teeth were firmly set, almost every muscle quite rigid, and the spine bent into an arch, leaving no doubt as to the nature of the case. The boy still denied having received any injury. Ordered the spine to be well rubbed with a strong liniment, and the warm bath to be repeated. Next day the boy told me, that, on the previous Saturday (18th Oct.), while stooping at play, a person struck him with a stick over the loins. He did not seem to have felt it much at the time, but the day following said that he felt as if unable to move his legs. Examined the spine, no mark of injury, but he complained of a slight tenderness over the lumbar region of the spine. Ordered nine ounces of blood to be removed by the cupping-glass from the spot where he seemed to feel most pain. No relief. Next day ordered a dozen leeches to the same place, and a large blister along the spine. The symptoms not relieved. The warm bath as before. Unloaded the lower bowels by a saline enema, and gave an opiate. Next day to administer two

grains of calomel every three hours, with a view to affect the mouth; continued for forty-eight hours, and, although aided by the copious use of strong mercurial ointment rubbed in inside the thighs, failed in producing the desired effect. Leeches again to the spine. Acted on the bowels by a dose of croton oil, and then administered the oil of turpentine by the mouth, and as an enema. After a due trial this failed. Ordered a blister to the lumbar region of the spine, and two grains of the muriate of morphia to be sprinkled over the blistered surface, and gave the solution in large doses, and at short intervals, but without the least benefit. Several medical friends attended with me, and the above means were persevered in for three weeks. The patient was rapidly sinking from want of nourishment, &c. A physician who had seen the case kindly sent me the *Lancet*, of 22d March, 1845, in which there is a case recorded by J. W. Stapleton, Esq., "On the Administration of Intoxicating Doses of Alcohol in Tetanus"; but the result not being favorable, I declined this mode of treatment. I had thought of the Indian hemp, but the conclusions of Dr. Lawrie, of Glasgow, after having tried it in twenty-six cases, gave me little confidence in it.

I was, however, inclined to try belladonna, or arnica, when the friends desired a consultation with a French physician. He advised a trial of the hydropathic treatment. Many difficulties presented. The patient was at a distance from my house: I could not receive him there, nor had I liberty to treat him at the public hospital, and the system, to be fairly tried, required more favorable circumstances than those in which the boy was placed. However, I at once enveloped him in a linen sheet, well wrung out of cold water. Over this I placed three or four good blankets, &c., so as to exclude the air, and prevent evaporation. Kept the patient in this condition for an hour, by which time the temperature of the sheet was 100° Fahr. The coverings were removed, and the patient plunged into a cold bath, rubbed quite dry, and enveloped in dry blankets for six hours, during which time he perspired very freely, and slept soundly, and said he "felt quite *slack*." Repeated the cold bath while in a state of profuse perspiration, and, after an interval of an hour, the wet sheet and subsequent cold bath. This was repeated every six hours, and after twenty-four hours, the jaw relaxed a little, and the spine became less bent. I now placed him under the douche for three minutes, the water falling from a height of twenty feet, and in a stream of one inch and a half in diameter. Dried and enveloped in the blankets as before. Able to open the mouth a little. Ordered the sheet and cold bath as before, and ten days from the commencement of the treatment, every symptom yielded, and the boy is now quite well. It cannot be said that "cold water" is a new remedy in such cases, for Dr. Cullen, in his "First Lines of the Practice of Physic," published in 1796, p. 341, observes, "The administration of it is sometimes by bathing the person in the sea, or, more frequently, by throwing cold water from a basin or bucket upon the patient's body, over the whole of it. When this is done, the body is carefully wiped dry, wrapped in blankets, and laid in bed, and, at the same time, an opiate is given, and, by repeating this, the patient is often



quickly cured." Believing the douche to be a decided improvement on the bucket of water, and the wet sheet on the opiate (for its effects are most soothing), I would crave for this case a corner in your valuable Journal.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 1, 1846.

*Foreign Lunatic Asylum Reports.*—Through the polite attentions of Mr. J. M. Barnard, we have been put in possession of various annual reports and statistical documents, illustrative of the present condition of most of the public and private institutions for the reception of lunatics in England. For example, 1st, that of the Asylum for the County of Lancaster, instituted July, 1816, of which Edward D. De Vitre, M.D., and Samuel Gaskell, are medical officers. 2nd, the Seventh Annual Report of the Suffolk Lunatic Asylum; John Kirkman, M.D., medical superintendent. 3d, the Twenty-ninth Report of the Directors of the Dundee Royal Asylum for Lunatics; Patrick Nimmo, M.D., and Alexander Macintosh, M.D., medical officers. 4th, the Seventy-second Report of the visiting justices of the County Lunatic Asylum, at Hanwell; J. Connolly, M.D., physician. 5th, the Twenty-fifth Report of the Directors of the West-Riding of York, Pauper Lunatic Asylum; C. C. Corsellis, M.D., medical director. 6th, Report of the Committee of the York Lunatic Asylum; Dr. Simpson, physician. 7th, Statement of the Visiting Committee of the County Lunatic Asylum, near Gloucester; Hardwick Shute, M.D., visiting physician, and John Barron, M.D., F.R.S., resident physician and superintendent. 8th, Report of the Kent County Lunatic Asylum. 9th, Eighteenth Report of the Warneford Asylum, on Headington Hill; superintending physician, J. A. Ogle, M.D. 10th, Leicester County Lunatic Asylum, of which Mr. Prosser is house surgeon and superintendent. 11th, Cornwall Lunatic Asylum; Dr. Daniel F. Tyerman, medical superintendent. 12th, the Twenty-sixth Report of the Visitors of the Staffordshire General Lunatic Asylum, of which Dr. Knight is physician, and Dr. Wilkes resident surgeon and superintendent.

In looking over these various pamphlets and tabular details, we have been forcibly struck with the liberality of individuals, to sustain some of these establishments; and on the other hand, it is quite certain that the lunatic asylums in the United States are fully equal to the pattern institutions of the mother country in all that is conducive to the daily comfort of the patients.

*Brodie's Clinical Lectures on Surgery.*—To recommend anything from such a source as the author of the work to which these remarks refer, would be altogether out of place. Where, in the civilized world, has not the name of Sir Benjamin C. Brodie been known? Industry, close observation, tact, and a nice discrimination, are the leading characteristics

of this gentleman's character. Whatever he writes or says, as a public teacher, has always commanded the respectful attention of the profession.

His clinical lectures, according to the preface in this volume, have been almost unavailable, in consequence of being scattered through the pages of periodicals. They have appeared in the *Medical News*, arranged, not perhaps in the best manner, but in a form convenient for reference, compared with any former condition. With a little modification, thirty-nine lectures have taken the form of a neat, cheap volume, which Messrs. Lea & Blanchard, Philadelphia, are furnishing at their usually reasonable price. The lectures on varicose veins, diseases of the hip joint and hemorrhoids, are exceedingly valuable.

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*Defence of the Medical Profession in the United States.*—A valedictory address to the graduating class at the medical commencement in the University of New York, so recently as the 11th of March, by Martyn Paine, M.D., one of the faculty, is published. It exhibits unusual vigor and foresight in regard to the future prospects of the profession in these United States. Dr. Paine seems never weary, but writes on from year to year, with a spirit and determination, on whatever subject his active mind is brought to bear, that is quite surprising to those who reflect upon the amount of literary labor he has accomplished. The caustic touches he applies to Dr. J. N. Davis, of Binghamton, N. Y., must tingle like potash on an abraded surface. Without exactly agreeing with Dr. Paine, in the matter of the hepper, we acknowledge the ingenuity of the argument and his skill in dissecting Dr. Davis's report. As the discourse is strictly original, and keen as one of the author's own lancets, it is likely to have an extensive circulation.

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*Diseases of Tahiti.*—Population, it seems, from some undefined cause, has strangely decreased both at Tahiti and Eimeo, since the elements of civilization were introduced. The remains of the old crime of infanticide, new diseases through intercourse with white men, and a sudden transition from a savage to a semi-civilized state, have certainly had an influence. According to Capt. Wilkes, the births and deaths are nearly equal, and therefore there is a queer state of things—viz., a nearly stationary population. Tahiti, says Capt. Wilkes, "does not appear to be afflicted with many diseases. Some have been introduced by foreign ships, and among others, the venereal, from which the natives suffer much, being in possession of no method of arresting its ravages, and ignorant of the proper mode of treating it. In connection with this subject, the want of a physician as a part of the missionary establishment, struck me as an instance of neglect in its managers, and I was surprised to hear that the London Society did not employ any medical men."

The effects of spirit and ava, in the opinion of Capt. Wilkes, have been disastrous. He remarks that secondary syphilis, sometimes, is tremendously severe, although mitigated considerably by their plain vegetable diet and frequent baths.

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*Address to Medical Graduates.*—D. D. Barnard, Esq., President of the Board of Trustees of the Albany Medical College, on the day of com-

mencement, Jan. 27th, addressed the graduates in a manner well calculated to command their respect. A leading point was, their obligations to society, accompanied by such references as would naturally be suggested to an active, comprehensive intellect, like the speaker's, in regard to maintaining the dignity of the profession by being familiar with all the improvements and discoveries of the age, as they are brought to notice. Mr. Bernard certainly exhibits a familiar knowledge of the elements of a successful medical career, and therefore under the circumstances in which he stood, as president of the Corporation, was just the person to deliver this discourse. We congratulate him on his eminent success.

*Dr. Knowlton's Discourse.*—Readers are referred to Dr. Knowlton's lecture on Quackery, in the Journal of to-day. Dr. K. is a fearless writer, who, like a bold general, dashes into the very midst of the enemy, and cuts and hews his way through their ranks with irresistible power.

*Medical Lectures at Washington.*—The Medical College at Washington is not retrograding; another winter the institution will be able to offer much stronger inducements for medical students to stop in Washington, than in years past. All the professors are now experienced in lecturing,—the chairs are well supplied with materials for illustration. The museum is much improved, particularly in the anatomical department. This has been enriched recently by many most valuable models and plates, besides dissections illustrative of minute anatomy, particularly of the nervous system.

A hospital, which is attached to the college, is in successful operation. The addition of the sisters of charity, as nurses, is a most important one, to commence soon. The professors feel sanguine of the success of the institution—and why should it not succeed!

*Delegates to the Proposed Medical Congress.*—It was unanimously resolved by the New York Medical and Surgical Society, at a recent meeting, that the Society do approve of the call of a State Medical Convention, to be convened in this city (New York), in the month of May next. It was also unanimously resolved to send delegates, and, accordingly, three delegates have been appointed to represent this respectable association in the convention.

*Register of the Weather at Richmond, Va.*—Dr. Wilder furnishes the following respecting the last winter at Richmond. The record of the thermometer has been accurately taken between 6 and 7 A. M. and 6 and 7 P. M., on Snockoe Hill, Richmond, Va.

|                                       |       |             |
|---------------------------------------|-------|-------------|
| 2 Coldest days in January, 1846—19th, | 22    | above zero. |
| “ “ “                                 | 23d,  | 22 “ “      |
| 2 Warmest “ “                         | 33th, | 69 “ “      |
| “ “ “                                 | 31st, | 61 “ “      |
| 2 Coldest days in February,           | 26th, | 18 “ “      |
| “ “ “                                 | 27th, | 14 “ “      |
| 2 Warmest “ “                         | 11th, | 59 “ “      |
| “ “ “                                 | 17th, | 47 “ “      |



"Four fifths of my register for the above two months is between 30 and 45. That 'distinguished inhabitant' reports this as the coldest, and having the most snow, of any winter in his recollection."

*Latin Prescriptions.*—We think we perceive pretty clear indications that Latin prescriptions, in the United States, at least, are going out of vogue. They are still defended by a few, but the great majority of physicians feel that they are a relic of the pedantry of ancient times, when medical books were written, and medical correspondence and examinations carried on, in Latin. They are ridiculous, because, as a general rule, they are neither Latin nor English, but a mongrel of the two. They are hurtful to the profession, by maintaining about it that air of mystery and mummerly which rendered it, for long ages, the butt of the world. It must be the wish of every sensible man to see it divested of everything that bears any resemblance to humbuggery.—*West. Jour. of Med. and Surg.*

*Memphis Medical School.*—The papers of Tennessee announced, some time ago, that a charter had been obtained for a Medical School in Memphis. A few days since we saw a letter from a physician of that city, from which it appears that arrangements are in progress for putting the school into early operation. He spoke of having obtained a charter, but did not mention who were to be his associates in the enterprise. Memphis promises to become a great city at some future day, and doubtless will be the seat of a flourishing school of medicine. The immediate success of the projected institution will depend upon the character and extent of its equipments.—*Ibid.*

*Foreign Medical News.*—Sir B. Brodie has resigned his seat in the Council of the College of Surgeons. Mr. Green will be elected examiner in his place.—Mr. Wide and Mr. G. Cooper have been elected vaccinators, in the room of Mr. Carque, deceased.—The Committee of the Society for improving the Condition of the Insane have awarded their second prize of ten guineas to George Wilson, Esq., Surgeon, of Leeds, for an "Essay on the Pathology and Treatment of Puerperal Mania."—*Lancet*

*Medical Society of Missouri.*—The following persons were appointed delegates to represent the Society in the National Convention, to assemble in New York on the first Monday in May next. Drs. W. M. McPheeters, James Sykes, J. B. Johnson, Thos. Reyburn, J. V. Prather, B. B. Brown, Chas. A. Pope, and R. B. Chase.—*St. Louis Medical Journal.*

*MARRIED.*—Dr. Edward Hall of Boston, to Miss Harriet Robinson.—In New York, Dr. John W. Scott, to Miss J. H. Suydam.—Dr. Edwin N. Chapman, Brooklyn, N. Y., to Miss M. A. Reed.

*Report of Deaths in Boston*—for the week ending March 23th 40—Males 20, females 20. Stillborn, 5. Of consumption 13—smallpox, 5—croup, 1—lung fever, 2—inflammation of the brain, 2—dropsy, 2—dropsy of the chest, 1—spasms, 1—disease of the bowels, 1—measles, 1—apoplexy, 1—dropsy of the brain 3—paralysis, 1—disease of the heart, 1—child bed, 1—brain fever, 1—convulsions, 1—old age, 1—drowned, 1.

Under 5 years, 11—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 4—over 60 years, 3.

*M. Bricheteau on the Antagonism of Ague and of Pulmonary Consumption.*—This question has been much discussed of late by French medical practitioners, as our readers are well aware. M. Bricheteau, Physician to the "Hopital Necker," analyzes the various communications that have appeared on the subject, including documents from various parts of Algeria, from Bourdeaux, Strashbourg, Lyons, the department of the Ain, Rochefort, Rome, &c.—all localities in which intermittent fever is rife—and appears to come to the conclusion that there cannot be said to be antagonism between the two diseases—that is, exclusion of the one by the other; although the circumstances which favor the development of intermittents may be, and in all probability are, unfavorable to the development of phthisis. M. Bricheteau thus concludes his remarks:

"Although, on examining these diseases, we do not find incompatibility between the causes of phthisis and intermittent fevers, it is impossible not to recognize, either in the climate of marshy districts, or in the influence of marshy miasmata over the economy, conditions favorable to tubercular patients. Our knowledge of this fact is to be referred to the authors of the labors which we have enumerated. But instead of calling to our assistance some antagonizing tendencies, would it not be possible to account for this kind of prophylaxy, by attributing it to the moist uniform heat which reigns in some marshy districts, and which, by favoring the development of fever, may impede that of pulmonary tuberculization. Does not this appear proved by what takes place at Strashbourg, where the climate being both damp and cold, the town is ravaged by intermittent fever and by phthisis; whereas the more southern departments of L'Ain, La Nièvre, Le Var, &c., are decimated by intermittent fevers, but offer very few phthical patients? We may also add, that it is impossible to deny that in all countries intermittent fevers preserve from other affections. The Dutch appear to be aware of this fact, as Boerhaave informs us that they are in the habit of congratulating themselves on the return of their fevers. The same Boerhaave, along with Hoffmann, Lencisi and Sydenham, thought that intermittent fevers freed us from various diseases, and even predisposed to longevity: 'Febres intérimittentes, nisi malignæ, ad longevitatem disponunt, et depurant ab inveteratis malis' Some recent writers think that typhus fever is rarely met with in countries ravaged by intermittents."—*London Lancet*.

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*London Fever Hospital.*—The annual meeting of the supporters of this Hospital was lately held at the Freemasons' Tavern, Great Queen street—the Earl of Devon, the President, in the chair. From the report, read by Dr. Southwood Smith, one of the medical officers, it appears that the number of patients remaining under treatment on the 31st of December, 1844, was 51, since which time 559 had been admitted, making a total of 610. Of that number, 451 had been discharged, and 77 had died. The total admitted since the establishment of the institution was 17,949. The subscriptions, &c., in support of the hospital, amounted during the year to £1264, and the expenses to £1610. The report having been adopted, and the Earl of Devon re-elected president, the meeting separated.—*London Morning Chronicle*.

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MEDICAL DEPARTMENT OF TRANSYLVANIA UNIVERSITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Believing, as I do, that Medical Journals are the instruments to be used in every possible manner that will tend to the advancement of the profession; and feeling sure that you will coincide in the opinion, that every medical professor exerts an influence in the formation of the characters of individual practitioners, I cannot doubt that you will receive such comments upon the ability, medical information, or mode of reasoning of any teacher, as may be made in a spirit of philanthropic investigation.

There are in almost every State, one or more medical schools, demanding the consideration of those preceptors who have to determine where their pupils shall go, to be further informed, before they offer themselves as candidates for the confidence of the diseased. Now, are the advantages offered by these schools, so nearly equipoised, as to render nugatory an attempt to establish a standard by which their several claims may be correctly valued? Or does the mere facility of location, or venerableness of age, give to one the precedence which, other circumstances being duly appreciated, would accrue to another? In short, what constitutes a good medical school? The writer would answer, that is a good medical school in which the chairs are all filled by men who are well acquainted with the many changes which medicine has undergone since the earliest ages—who appreciate its uncertainties as an art, as well as its established principles as a science—who enforce the importance of *correct observation, sound judgment, good discrimination, and logical reasoning*, and who do not assert with dogmatical precision, positions which are not fully and positively tenable—nor defend as apodictically established, principles which are apocryphal in their nature. If this opinion is correct, it is evidently as binding a duty upon members of the profession, to discuss the merits of any professor, with whom they become acquainted in the lecture hall, or through his published papers, as the duty is binding upon them to record cases illustrating therapeutical points, or developing facts which sustain previously propounded principles. And when it becomes acknowledged as a duty, and fully discharged, physicians will be so perfectly acquainted with the characters of those who aspire to the honorable and profitable position of public teachers of medicine, as will cause an announcement that “*one* has been chosen from *forty-nine* medical professors, and other distinguished medical gentlemen,”



who were applicants to fill a vacant chair in a medical school—to bear with it a weight, which is not now attached to it; and private preceptors, when informed that “in addition to the delivery of three full courses of lectures on *obstetrics and the diseases of women and children*, the professor elect has filled the chairs of *Materia Medica, Therapeutics and Hygiene, Anatomy and Physiology, &c.*,” will be enabled to judge whether he was fully qualified to discharge the multifarious duties which are incumbent upon the occupant of the several chairs. Trusting that these views will find sympathy with the members of the profession, the writer presents this paper with the hope that it will tend to induce a more earnest inquiry into the character of medical schools, so that those, and those only, which are worthy shall be sustained.

In a bulletin, issued from the office of a Lexington print, it is announced that the umpires have designated Samuel Annan, M.D., of Baltimore, as the individual who shall perform the duties pertaining to the Professor of Obstetrics in the Medical Department of Transylvania University. In this bulletin, it is said that “As a writer Prof. Annan is known almost as widely as the leading periodical of the profession, viz., the *American Journal of the Medical Sciences*. Its volumes contain eight or ten of his papers, &c.” It is from the perusal of a portion of these papers, that the writer has formed the opinion of Dr. Annan, which is now respectfully presented to the readers of your Journal. The papers which I have examined with particular care, inasmuch as they are of a practical character, and at the same time give sufficient data upon which to base views of the author’s mode of reasoning and investigating, are hospital reports—to be found in Vols. XXIII. and XXIV., and Vol. II., New Series, of the *American Journal*. These papers demonstrate clearly that their author has a great regard for pathological anatomy; and they are not alone a record of the writer’s observations in that branch of his profession—but they show his acquaintance with the writings of the most distinguished pathological investigators. Yet his knowledge of the actual state of tissues and organs after death, is not sufficient justification for his asserting, with a peremptoriness which is not apposite to a correct employment of remedial means, that “there is no therapeutical principle in practical surgery better settled than that of the great superiority of warm lotions to the eye, in a state of acute inflammation.” This remark he has recorded on the 330th page of Vol. XXIII. of the *American Journal*, without previously or subsequently admitting any conditional circumstances; but rather, to give force to the absoluteness of his phraseology, he asserts his individual observation, of course sustaining his view of the efficacy of warm lotions, and at the same time mentions the fact that physicians have ordered cold, which prescription was disregarded by the patients, and the warm lotions used, because increased pain followed the application of the one, and the effect of the other was pleasant and refreshing. This remark, and its context, we fear presents sufficient evidence that the writer is in the habit of hastily reaching a conclusion, and then maintaining it under any and every circumstance, sometimes necessarily to his own discredit and the suffering of his patient; for it cannot for a moment be

presumed that Dr. Annan was unacquainted with the fact that cases had occurred, in which the pain was immediately allayed by the application of cold, after warm lotions had been unremittingly employed, until, despairing of relief, the patient had positively refused their further application; nor can we suppose that he was unaware that the opinion of many distinguished ophthalmologists was favorable to the employment of cold, remedially, in acute inflammation of the eye. By way of example, Lawrence, after mentioning the different manner in which it may be applied, says, "Cold applications diminish the heat of the part, and lessen the burning sensation which is felt under acute inflammation, &c."; and it cannot be that these cases have occurred, or that so practical a man as Lawrence would give his concurrence to its use, unless circumstances sometimes were present, which rendered cold greatly superior to warm lotions. This habit of determining from a restricted consideration of all the circumstances, is not the only unfavorable shade which is cast by the remark we have quoted. As before intimated, the positive, not to use the word dogmatical, manner in which he expresses his views of a therapeutical point, gives, it is feared, an earnest of an unhappy influence, to be exerted by him in the capacity of public teacher. It is a fact, that but comparatively a few, of those who receive the honors of medical schools, prosecute the studies which appertain to their profession, with that assiduity and zeal, which is necessary to render them so well acquainted with the received principles, observed facts, and doubtful propositions, as to be able to detect the fallacies of the schools, or the imperfection of the knowledge gained from their attendance in the lecture hall; but entering upon a discharge of the duties of practitioners, fully impressed by the confident manner and unequivocal language in which the conclusions of the professors were delivered, their verity is seldom doubted; and if perchance a particular treatment proves inefficacious, the sapience of a learned professor is sufficient justification for its employment. We do not censure a physician for having a preference for a particular therapeutical means, but for giving it an ascendancy which observation will not warrant. Now it is evident from the remark which is quoted above from Lawrence, that he has a high opinion of the value of cold applications; yet, he afterwards tells us that "in many instances of ophthalmic inflammation, patients find warm applications more agreeable than cold"; claiming preëminence neither for the one or the other, but judges that one to have power adequate to the purpose intended, which is most comfortable to the patients, and "of course complies with their feelings." Or, as Arthur Jacob, who is most friendly to the warm medication, expresses himself, "Cold or warm applications may be resorted to, according to the relief the patient experiences from the one or the other." Let us visit, in imagination, the professor whilst lecturing in the amphitheatre of Transylvania. He is teaching his pupils how to conduct themselves, with a woman, whose labor pains have been strong and active, but which from some cause have subsided; and we will suppose he uses this language, which bears about the same relation to obstetrics, as the remark—upon which we have annotated so prolixly—bears

to ophthalmology—"There is no therapeutical principle, in practical obstetrics, better settled, than that of the great superiority of ergot to the parturient uterus, in a state of enervation." There are here no conditional circumstances, the language is unequivocal in itself; yet we may suppose that he gives it additional force by saying "that physicians have been known to employ blood-letting and tart. antimony, and yet the desired effect was not attained, until a scruple dose of ergot had been administered." The effect which would be produced, by language like this, in the practice of that portion of his class who receive the *ipse dixit*, can be more easily imagined than described; and the cases, it is believed, are in every respect apposite—for no reason can be assigned, why a physician, who would in cases of a particular nature recommend unqualifiedly one remedy, would not in cases of a different nature.

In his record of the cases of dysentery—which he treated, in the manner which custom has sanctioned, with calomel, opium, castor oil, &c., he makes a remark which is indicative of a more extended exercise of the reasoning faculties, than a large proportion of practitioners of the present day are in the habit of exerting; and it is now as necessary to enforce the lesson that "there is no one principle of more importance in medicine, than that time should be allowed to the system, to exercise its own balancing powers, for the purpose of restoring the equilibrium of action," as it was nine years ago. But the esteem which would otherwise be accredited to him, from this remark, which is believed to be the result of a correct process of reasoning, based upon legitimate observation, is detracted from, because the remark is found in the midst of a feeble attempt to give the *modus medendi* of calomel and castor oil in dysentery; and the force of his argument on this point, lies in the fact, that in inflammation, "as soon as copious secretion takes place, the violent symptoms are mitigated, and very great relief is experienced, not only from the local distress, but also of the general feeling of uneasiness which accompanies disease;" assuming as *the cause*, that, which we believe the best authorities consider as *the effect*, and as such, indicative of returning normality of condition in the inflamed part. If this is true, the professor is either not fortunate in his powers of discrimination, or has permitted himself to misconstrue the fact, for the purpose of sustaining an hypothetical explanation, for reason of its apparent originality—knowing himself that it was wholly gratuitous; and the possession of the one, and perfect freedom from the habit of the other, it is believed will be conceded by all, are essentials in the character of teachers, to enable them to exercise a happy influence with those who may come under their tutelage. Again, in commenting upon the opinions of Cheyne and Armstrong, of the propriety of blistering in acute laryngitis, Dr. Annan says, "I confess I cannot understand how that counter-irritation, which is said to be serviceable in chronic laryngitis, should not prove beneficial in the acute form of the disease." It is not within the limits of the intention of the present paper to canvass the opinions of Cheyne, Armstrong and Annan, as relates to the point in practice upon which they differ; but to call attention to the hasty manner in which the latter gentleman adopts his



conclusions. Let us use similar language upon some point of obstetrical surgery. "I confess I cannot understand how that ergot, which is said to be serviceable in tedious labors, should not prove beneficial in the earlier stage of the parturient efforts." Such teachings may answer the purpose of those whose sentiments are in accordance with the principles of the ancient school of empirics, but cannot satisfy those who make "reason by means of the senses the judge of truth." On the one hand, the beneficial effects following the application of the blister and the administration of the drug, during particular conditions of the system, are assigned, indirectly it is true, as reason why the same means would be serviceable in other conditions, however modified; on the other hand, reason based on observation, and sustained by experience, requires that modifiable conditions shall be combated with modifiable measures. For illustration, Dr. Annan would apply blisters in acute laryngitis, for no other reason than that they are serviceable in the chronic form of that disease: whilst another physician would apply blisters over the throat in chronic laryngitis, "hoping to irritate the vessels of the organ, by implicating branches of the same vessels and nerves, as proceed to the affected part;" and does not use them in the acute form of the disease—fearing that will be induced which, in the chronic stage, he is desirous of bringing about.

But lest this paper should grow to too great a length, the further examination of Dr. Annan's Hospital Reports will be dispensed with. There can be no doubt of the fact, that Dr. Annan is acquainted with the results of the observations, which different distinguished philosophers of the profession have published for the benefit of their brethren. Yet this fact—even in connection with the information that he is a *graduate of Edinburgh*, and served his time as an apprentice in Guy's Hospital, *London*—is not sufficient to render him superior as a teacher to forty-eight medical gentlemen and professors, representing so many States; and it is presumed that but few, if any, of the rejected applicants for the vacant chair, would be willing to have their capacity and ability reckoned, from an appreciation of the capacity and ability of Dr. Annan, drawn from the fact that *he* was chosen before *them*, by an umpire that considered "the interests of Transylvania in particular."

It cannot be said that these remarks are prematurely made, from an unjust construction of Prof. A.'s papers—for every medical man is aware that reports of cases are considered as the most important professional papers which are presented for publication, and should therefore be couched in language bearing none but an unequivocal construction. Nor can it be said that Dr. A.'s remarks were penned without due consideration—for he does not in detail, give symptoms or treatment, and it is therefore presumed that he wrote for the purpose of expressing his views, and exercising his reasoning powers in sustaining the opinions of some previous writers—or to destroy the effects of their authority when it was in conflict with his own views. Hence they are judged to be a correct index, by which the character of the mind from which they emanated may be examined, and opinions passed upon the correctness of its inves-

tigating and analytical qualities. In conclusion, the writer of this communication is sorry in expressing the opinion, that the future influence of Transylvania—when compared with that which she exercised for the seven years preceding the winter of 1844-5—promises to be of but little benefit, either in advancing the standard of professional attainments, or in furnishing to communities, physicians possessing such habits of discrimination, reflection, and of logically deducing from correct facts—as will be an earnest of their ability to discharge the duties of their vocation.

*East Tennessee, March 6, 1846.*

#### THE FILLET IN BREECH PRESENTATIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In cases of breech presentation, requiring aid, and in which the labor is so far advanced that it would be improper to attempt to bring down the feet, we are directed by Dewees to assist the passage of the breech by acting, “first, with the fingers; second, by the fillet; third, by the blunt hook or hooks.” Now my fingers are short, and I have never been able to hook one or more of them into the groin of the child, so as to exert any efficient extracting force, until the labor was so far advanced that the breech was just ready to be delivered without this aid. As to blunt hook or hooks, I haven’t got any, and I dislike the idea of *iron* in such cases. I never applied the forceps to the head but once during over twenty-two years of moderate practice, and then I did not succeed in delivering the woman with them. I sent off for the greatest forceps accoucheur in any of the adjoining towns; but he could do no better, and we had to resort to cephalotomy at last. And as to the fillet, Baude locque, as quoted by Dewees, says—“Its application is so difficult, that it is with a sort of repugnance that he reckons it among the resources of art.” Dr. Dewees recommends it, but admits that, “it can only be used when the point of the finger can command the groin.” What he means by this “command” of the groin I know not, but I am quite sure that he has given no directions by which the fillet can be applied as soon as the accoucheur shall be able to pass his finger *almost* to the groin, and yet it is at this stage of the labor, generally, that we should be glad to render assistance. I doubt whether any man can apply the fillet, in the manner directed by Dewees, until the labor is so far advanced that the breech will probably soon be delivered without assistance. In my first effort to apply the fillet I followed Dewees’s directions, but I could not “begin” to succeed.

Two or three years after this I was attending on a feeble lady in labor with her first child. The breech presented. I could at length just pass the end of my finger between the superior spinous process of the ilium and the thigh of the child. Of course I knew where the groin was, but could not exactly reach it. In this state the labor remained without decided advancement for some hours. The pains, never strong, now evidently abated much, both in force and frequency, and I began to contrive

some new method of applying the fillet. I presently thought of one which I was very confident would succeed, and it did succeed, easily and readily, and in all respects just as I expected. This was some three or four years ago, and I have not had occasion to use the fillet since, nor have I ever made any notes of the operation, but I believe I can describe it correctly and so as to be understood.

I took a gum-elastic catheter, with a wire in it, and gave it such a crook as I thought would enable me to push the end of it between the ilium and the thigh of the child fully into its groin. I separated the wax from around the open end of the catheter, and with a sewing needle I passed a thread right across, and nearly to, this end of the catheter, and then tied the ends of the thread together. I now had, as it were, a ring of thread attached to the open end of the catheter. Into this ring I drew a ribbon, ever so long, until the thread ring was at the middle of the ribbon. Thus armed, I passed the crooked, closed end of the catheter fairly to the groin of the child, and holding it steadily there, I withdrew from it the wire, and then pushed it along until its end came out back and between the child's thighs. I then took hold of this end with my fingers, and thus pulled along, catheter, thread ring and ribbon. I now readily, easily and safely rendered the woman the little assistance which she so much needed, and she was soon delivered.

I was much pleased with the success of this simple contrivance, but it was so simple, and so readily occurred to me, that I thought it must have occurred to many others before me, and consequently, by publishing it as something new, I should only discover my imperfect reading. Yet it *may be* "something new," and if so, I think it worthy of publication in your Journal.

C. KNOWLTON.

*Ashfield, March, 1846.*

#### ONANISM OR SELF-POLLUTION A GREAT CAUSE OF MADNESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It was the practice of the Athenians to cause the sick to be brought forth to a public square, so that those who had been afflicted by the same disease might see them and inform them by what means they effected their cure. With the same spirit, and a strong desire to warn my fellow mortals of one of the most destructive vices that ever afflicted man, I write you a brief account of my own case.

About six or eight years since, I commenced the practice of onanism or masturbation, although at first to no great extent. The idea that it was necessary for my health (could any one have imbibed a more dangerous error?) had taken fast hold of me. Although I was not guilty of the practice to much excess for the first year or two, it gradually grew upon me like all evil habits, until the desire to indulge in it became almost insupportable, connected as it was with less ability to resist it, owing to the gradual and sure prostration of mind and body which it induced. Dyspepsia, with all its horrors, set in; the stomach for a time absolutely re-



fused to digest food, and I was starving in a land of plenty. I became irritable in the extreme, restless, wretched and miserable, with a strong desire to go I knew not where, any where if I could but get rid of myself. I suffered constantly from restless and disturbed sleep. The effect upon the action of the heart was most direful, causing a convulsed and irregular action. At times, worn out with its labored action, it would scarcely beat at all, thereby causing great depression of spirits. Nocturnal emissions of semen were induced, and I found my faculties fast deserting me. I gave up all business, as the least care and responsibility excited and maddened me, until at last, in the providence of God, my eyes were opened, and I began to see the great cause of my torments. I immediately commenced a reform, but the habit had become so hard to break that I at times, although but seldom, indulged in it, but always with a wretched effect upon the general health—a single trespass putting me back for a long time in my enfeebled state.

I will in a future No. state by what means I conquered the habit, hoping that it may be the means of reclaiming some one from its horrid folds.

*Portland, Me., March, 1846.*

PHILIP.

#### MEDICAL REFORM.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS very much pleased, in reading the article by Dr. North published in the 7th No. of your Journal, with the earnestness which he exhibited concerning reform in the present system of medical government. There are several things, however, which have been upon my mind a long time, and which he has not touched; and others which I wish to support as far as the influence of a single individual can go. Permit me, then, in furtherance of his views, to make a few remarks.

In the first place, Dr. N. has laid considerable stress upon the preparatory studies, or those to be pursued previous to the commencement of the medical course. I am surprised that this subject should have been so long neglected by the faculty. The preparatory training of mind seems to be appreciated by none of our Eastern schools, excepting that at New Haven. There persons who have taken the degree of A.B. are allowed that of M.D., after two years additional study. Now it will be generally allowed that students who have entered upon professional studies after the discipline and thorough training of College, advance with far greater rapidity than those who have not had such advantage. Three years is not, however, a period at all too long, for any one to master the abstruse subjects of medical science, even though well prepared, and the years of a medical student ought not to be spent in getting ready to study, since every moment is necessary to master the multitude of subjects brought before him. So strong is my conviction of the importance and value of a thorough foundation on which to build, that I believe one who with honor had completed a four years' course of academical studies would be more safely trusted with the treatment of patients after twenty

month's study, than the generality of others, who, without this, have been engaged three years in professional pursuits. My reason is, that the former, with a properly trained mind, is prepared to reap advantage from reading and experience; and the other, unless having received a good common education and is of a naturally acute mind, is not, and cannot be until the lapse of considerable time. The vulgar speak of experience as the touchstone of a physician's character. No mistake is more gross, none more injurious. A person with a poor elementary education may observe to all eternity, and at the end be just where he started, but little wiser himself and unable to transmit that little to others. He looks with stupid wonder at phenomena he cannot comprehend, knowing neither their cause or what they portend; and, ignorant of the proper methods whereby their mystery may be unravelled, he as often comes to an erroneous conclusion as a correct one, an opinion which an ignorant obstinacy soon fixes as firm as the rocks against the whole battery of truth. But he who is trained to observe, to weigh facts and decide with accuracy respecting symptoms—in other words, who has a good and enlightened judgment, will learn more by a single case than the other by a thousand. It may be said, judgment is not always the offspring of education. This is, perhaps, true to some extent, since there is great difference in the minds of individuals as respects the power of acquiring knowledge, and there have been brilliant ornaments of the profession, who had in early life but few advantages except what nature gave; but these all owe much to themselves and their own application for their elevation. With rare exceptions, the mind must be long educated, that it may reason accurately and judge correctly. Knowledge is one thing, wisdom is another; and though depending upon the former, does not necessarily follow. The proper use of knowledge is as important as knowledge itself. He who to good abilities superadds the knowledge of facts, and allows each one to have just its proper weight and no more, who sees the bearing of each and their relations one with another, is the man of sound judgment; and he is the greatest, who being possessed of the greatest number, can combine them with the most powerful effect. We not only want men in the profession who are able to unravel the mysteries of nature, but, what is no less difficult, make a good use of what is already known. A man may have great learning, but without the balance wheel of judgment may be launched off after any absurdity. Liebig, speaking of homœopathy, truly says, "reason alone cannot keep whole nations from embracing the most abject superstitions." It is perhaps impossible to insist that every applicant for the degree of M.D. should first obtain that of A.B., nor is it altogether necessary, though a law of similar import is in operation in Great Britain, which accounts for the thorough education and great eminence of her medical men. It would not, however, be improper to demand a good classical education, tested by a thorough examination, of those about entering upon the study of medicine; an examination to be conducted by a board in each county chosen for that purpose. When the celebrated Prof. Nathan Smith, though somewhat advanced for a student, applied to a physician that he might study in his

office, permission was not granted until he could pass a satisfactory examination, and this not improbably was the crisis of his life, and resulted in the development of a mind which in London or Paris would have made a Cooper or Dupuytren. Let it not be said that the most difficult of all studies requires the least application or the most superficial attainments. I hope no one will understand me as casting any reproach upon a profession, numbering, as it does, so few persons of collegiate education, when compared with that of law or theology. The want of such an education has often been surmounted, and in no part of the world is there more strong common sense enlisted in the cause of medicine than in New England; nor is there any portion of the Union where there is pursued a more correct and successful practice than in Connecticut, which is due in no small degree to the enlarged views and sound judgment of a generation now almost departed, but whose works will long remain, living, as it were, a new life in the memories of their successors.

Another topic is the examination for degrees. I see that some effort has been made in New York to remove this power from the faculty of colleges, and place it in the hands of disinterested persons. This is as it should be. To whom are these professors responsible if they bestow honors unworthily? In Connecticut a portion of the examining committee are chosen from practising physicians, who are to assist the professors, and nothing further could be desired, except that they might always be able thoroughly to perform their duty. Medical colleges are springing up like mushrooms, and throngs of students are pressing forward for degrees, and many without any qualifications really demanded for high attainment. It would certainly be but a human frailty if the officers of these schools should desire that their own should appear both numerous and able to show a large graduating class, and thus permit those to pass who should not. This, I fear, is too often the case, and the public hold us as a body answerable, and retaliate upon our heads. The world is not discriminating in its judgment, but apt to consider all educated pretty much alike, that all know pretty much the same, and the blunders of one of the profession are to be atoned for by the whole. Often it has fallen to the experience of the practitioner to be told by some person, that having tried such and such a Regular, he had then resorted to Thomsonians, homœopathists, water or root doctors, as though in having tried one he had tried all. The overlooking of a fracture or a dislocated bone is visited upon the whole profession, and is laid hold of by empirics utterly ignorant of the first principles of medicine or surgery, and turned to their own advantage with an easily deluded public, or may serve to point an arrow launched at all science, as was witnessed last week in a New York paper by a man who ought to employ his pen in the cause of honest truth, and not for the support of the most arrant quackery; to assist and not impede the march of mind against popular errors and superstitions. Respecting the conferring of degrees, I can recall to mind one case within my own observation. A man who had been two years in the practice of medicine, under a license, wished to complete his career with glory, and of course wanted his degree. He passed



his medical examination, yet a few days previous he was completely lost in the mazes of the blood's circulation, and could not tell whether the blood flowing through the aorta was venous or arterial. No man graduated in that class without feeling himself disgraced, and a portion was reflected upon the institution. Will the profession submit to this? Are they to be thus belittled in the eyes of the public, who watch with Argus eyes every failing? The world will not allow it, even if the profession do. Something must be done to regulate this matter, and that all may see that there is "fair play and no favor." No way seems better adapted to accomplish this, than through censors or examiners, chosen either by the legislature or the profession. The people have a right to know whether those who practise are really what they profess to be, or not, and it is but right that every well qualified practitioner should be recognized as such. If the profession would thus uphold its own dignity, we should see the public less ready to forsake it for every brazen-faced pretender. Not only would such measures elevate the practice of medicine, but would thin the ranks of empirics, who, under the garb of superior learning, now ride high in popular favor. The medical profession is full to overflowing. Persons who are desirous of a short road to fortune must step aside and adopt some new whim of the day. If they can attach M.D. to their names, so much the better. It is thus far easier temporarily to succeed, than by the honest but hard road of truth. A thorough sifting, both before commencing the study of medicine and on graduation, would, I verily believe, greatly diminish their number.

Respecting the present system of teaching at schools of medicine, might there not be some improvement? What advantage is it to a good student that he should pass two courses, spending days and weeks, listening to the names of bones with which he is, or should be, well acquainted, hearing winter after winter lectures on practice, stereotyped perhaps twenty years, and which he could read equally well at his own room, wasting thus time and money which might be expended to greater effect? Practical anatomy lies at the foundation of medicine and surgery. Let this be studied at the dissecting room, or let lectures be superadded if you please; but the course at present pursued of dosing down six lectures a day for months, to be repeated, verbatim, next year, is both tiresome and unprofitable. Some branches are better taught or illustrated in the lecture room, as surgery, chemistry, and perhaps obstetrics. Let the time spent on the others be devoted to clinical observation; the hospital is the true and only true medical school. This is properly appreciated in Europe, where a protracted course of clinical instruction is looked upon as all-important, and finishes, so far as schools can do it, a medical education. Let a fair but strict examination be the test of a man's abilities, and not the time he may have lounged about an office.

My views may not be right; and whether they are or not, no effect may be produced. They are, however, elicited by a desire both for the increased standing of the profession, and that the time and money of the student may be expended in the most judicious manner.

I should like to inquire what course ought to be pursued with young

men who have studied portions of time under persons who, though practising with the title and diploma of M.D., yet have forsaken the ranks in which they enrolled, and practise on the hydropathic, Thomsonian or homœopathic plans. Are such students to be considered as having pursued a full course of medical study? Should the degree of M.D. be conferred upon any who wish to pursue these systems, or any other which is looked upon as a departure from truth and honesty, and upheld by dishonorable and false attacks upon the medical profession?

Permit me also to inquire whether, as a profession, we ought not to discourage, as far as in our power, the sale of nostrums. Apothecaries consider this a legitimate branch of their trade, and prescribe freely this trash to whoever asks advice. Ought not our support to be withdrawn from such, and would it not be appreciated by the public? The union of the preparations of the pharmacopœia and nostrums on the same shelf is calculated to injure the profession; it is a crying evil, which demands reform. In our own city, containing about 10,000 inhabitants, we have fourteen or fifteen extensive establishments, obtaining no small portion of their support from the sale of these things. If professional patronage is withheld from those who thus mingle medicine with empiricism, there would be a division, some preferring to adhere to the profession and others not; we should at least clear our skirts of all iniquity. Let us not, then, as a body, assist in the perpetuity of so monstrous an evil.

*Hartford, April 1st, 1846.*

P. W. ELLSWORTH, M.D.

#### NATURAL SOMNAMBULISM.

[THE trial of Albert J. Tirrell for the murder of Maria Bickford, which has recently terminated in Boston, is one of extraordinary interest, and, on account of the medical opinions introduced, should not pass unnoticed by those who study the important, but too much-overlooked, department of Medical Jurisprudence. From the Daily Advertiser, the following narrative of events connected with the murder, is taken, as stated by S. D. Parker, Esq., County Attorney.]

On the 15th of October, the deceased went to the house of Joel Lawrence, in Cedar street, to live. On the 22d of October she went out, and the prisoner came home with her and passed the night with her. He passed every succeeding night with her until her death. On Sunday, the 26th of October, he came to Lawrence's house in the afternoon. Loud and angry words were heard coming from her chamber; afterwards he went away, and came back about 8 o'clock in the evening. At 9 she came out, as she said, to get some water for Albert. About the same time the house was shut up for the night. The Lawrence family occupied the lower floor of the house. Above, were three chambers: the back one occupied by the prisoner and the deceased; the middle one vacant; the front one by Priscella Blood and W. J. Patterson. About daylight a faint shriek was heard, and then a heavy fall on the floor; and then a person was heard to go down stairs, falling or stumbling as he went; and

then a groan or cry of fire. Presently, Patterson and Miss Blood saw a blaze, and their room full of smoke. Patterson opened the window and cried fire.

Mrs. Lawrence found a pile of bed-clothes on fire, against Miss Blood's door; the wood work was also on fire. The door of Mrs. Bickford's room was opened, the room found full of smoke, and her body was found lying near the fire place, her throat cut from ear to ear, and no apparel on but her night clothes. Near her was a razor, and on the other side of the room was a razor case; a puddle of blood near the pillow, and also one some way from it in the bed. The wash bowl was full of blood and water. There was no blood under her. In the room were found a vest, socks and cane, belonging to the prisoner, and in the pocket of the vest was found a key which opened his trunk. A part of the bed-clothes, and those of the bed of the middle room, were found in the entry, in flames.

On the same morning, the prisoner applied at Mr. Fullam's stable, for a horse and waggon and a man to drive him. Mr. Fullam ordered one harnessed. The prisoner, who was known to Fullam, said he had got into a scrape about a girl, and must go off. He was taken to a house of a relative in Weymouth, and nothing more was seen of him until his arrest at New Orleans.

[The counsel for the prisoner took the novel ground that Tirrell was a somnambulist, and therefore unconscious of any crime. Evidence was adduced to prove that from early life he had been known, occasionally, to rise in his sleep, &c. The medical gentlemen whose names follow, were introduced to explain the character of somnambulism.]

*Dr. Forsyth.* I am physician for the Chelsea Agency of the Mutual Benefit Life Assurance Company of New York. A subject, who came under my care, could perform almost any acts in the somnambulic state, which she could in a waking state, and some which she could not when awake. Her feelings were somewhat changed in that state. I treated the case medically. I regard it as a disease, resulting from a disordered state of the brain. Her faculties were more active in that state. Her eyes were perfectly closed, but she could see, and read perfectly, even with a folded handkerchief over her eyes. There was an increase of nervous activity, but not of physical strength. There was much debility after one of these spells. These paroxysms were brought on sometimes by anxiety of mind. They varied in duration from one hour, to one instance of seventy-two hours. She came out of them with a start, as if electrified. She was a sleep walker in her earlier days. All cases of somnambulism in this high degree, were cases of common sleep walking in their younger days. This subject would do a great part of her family work in the somnambulic state. I should think it perfectly practicable for a person in this state, to rise, dress, commit murder, and run out of the house. I should think from the evidence, if it be true, that the prisoner's case is undoubtedly one of somnambulism. My patient frequently exclaimed, on coming out of the state, "How came so many people here?" and appeared alarmed. I never knew her to come out of a paroxysm by



any means which were used to bring her out, except once. She always came out spontaneously.

*Dr. Walter Channing*, sworn. A person might inflict such a wound upon herself as described. My observation and reading has, I think, been extensive, so that I can speak confidently. She might move, after having inflicted it. The act of dying is frequently accompanied by extraordinary muscular strength, especially in cases of death by violence. Extraordinary convulsive movements can be made, even after loss of blood. The latest acts of life are convulsive acts of great violence. In warm-blooded animals these movements frequently take place after the head is severed from the body. In one case where a woman cut her throat, she resisted the efforts of her husband to take the razor from her, and cut him severely. There is a prodigious power displayed sometimes in the act of dying. The blood does not leave the brain so soon as is commonly supposed. I do not know how far a person might move in the act of dying. I should think there would be no difficulty in a person throwing herself from the bed in the act of dying. People are often much deceived with regard to the quantity of blood lost. Some people, in some cases, might die from the loss of a pint of blood, while others lose a gallon and survive. I have attended somewhat to the subject of somnambulism. I have studied the subject in Good's Study of Medicine, Dunglison's Physiology, and other works of authority. Sleep, when perfect, is a suspension of the intellectual powers, and external senses. The will, however, is never entirely asleep, for the process of breathing is a voluntary act. In dreaming, a portion of the brain is active. Sometimes only one faculty is active, sometimes more. When this activity extends to the muscles of motion, it leads to sleep-walking. (The witness stated a great many interesting cases illustrating the state of somnambulism.) Sleep walkers sometimes can see, and sometimes hear, and sometimes not. A sense may be perfect with regard to some objects, and not with regard to others. A person may hear some kinds of sounds, and not others. Somnambulism differs from common dreaming, in being accompanied by motion. The individual may do acts, from which, in a waking state, he would shrink with horror. The will sometimes can control the train of thought, and sometimes not. I have no doubt, that a somnambulist might do acts in sleep, strike a blow, &c., while the moral sense remained asleep. That state might last for some time, and a great variety of acts be done, requiring minute eyesight. A person might dress himself in that state. The trains of thought, producing the acts, may have been in the mind in the waking state, or they may be originated in the sleep-walking state. He may, in the waking state, be unconscious of having had those thoughts; and they may be recollected again in another state of somnambulism. The acts committed in the sleep-walking state are generally imperfectly recollected when awake, if at all. I should think the case of the prisoner is one of those who sleep very soundly, and breathe slowly, so that the brain is imperfectly supplied with blood, until a demand is made for more blood, and a convulsive effort is made by the lungs. I should think the

noise described would be made when the state is the deepest. The noise resembles very much the noise made in a state of strangulation. I should think the sound described in Lawrence's yard, corresponds with that made by the sleep walker, and does not resemble the sound produced by having been in smoke. Smoke would produce something more like sneezing, or coughing. From the evidence in this case, I should say that the prisoner is a sleep walker. The acts of rising, dressing, and killing another, are perfectly consistent with the somnambulist state. The fact of a person's seeing is also perfectly consistent with that state. The will, in that state, is not the governing power, but is governed by the dream. I should think, in a case where the fits increase as the person grows older, they would be aggravated, and there would be less and less power in the mind to control their effect. The same causes would produce them, which would produce physical debility. Whether a high state of excitement would produce them, would depend upon a variety of circumstances, such as the person's constitution, his susceptibility to impressions, &c.

*Cross Examined.* I cannot tell exactly how long the muscular effort could continue after loss of blood. I was consulted before the trial commenced. The facts with regard to the body were not stated very fully, but the facts with regard to somnambulism were stated more fully. The consultation was very short, however. I looked over the authorities, to prepare myself. I considered the testimony of Eben Tirrell as very important in the case. There is some resemblance between somnambulism and mesmerism in their phenomena. I do not think my testimony at all biassed by my opinions on the subject of capital punishment. My opinion of the prisoner's state is founded on the whole testimony.

*Dr. Woodward.* I am superintendent of the State Lunatic Hospital at Worcester. I accord with Dr. Channing in the principles which he has stated. The state of mind in somnambulism is very much, for the time being, like its state in insanity. The balance wheel is lost. The will has some power over the trains of thoughts, as it has in insanity; but the reasoning power is lost. In the case of Jane Rider, under my care, the power of vision was great. Her character and disposition in this state were very different from what they were in the waking state. Her will was capable of directing her motions, to some extent, but was itself under the control of her imagination. She could read from a book with her eyes bandaged. The common sleep walker generally says nothing, and frequently sees nothing. In this case of which I speak, a larger portion of the mind was awake than is usual. After applying two blisters to the two most sensitive parts of the head, the morbid vision was removed, although the paroxysms of sleep walking continued. The states differ in degree; but no more in kind, than one mind differs from another. In another case, the patient would attempt suicide, whenever she was in the somnambulist state. She was, in that state, uniformly gloomy. When awake, she was cheerful, and able to work. Medical treatment was used in both cases, to remove the complaint. In the cases which I have seen of somnambulism, I have not heard the noise describ-

ed as having been made by the prisoner. It is generally made in epilepsy. It probably arises from deranged respiration. My patients have usually appeared exhausted after a fit of somnambulism. I should think, from the evidence, that the prisoner's case was one of sleep walking. The prisoner's state, as described by Mr. Head, resembled very much the other paroxysms of sleep walking, which were testified to. My conclusion from Mr. Head's evidence was, that he was at that time in the same state. The case of Jane Rider was common sleep walking, from her childhood, and at seventeen it assumed its extraordinary form. She could not then be awakened by any means, not even by cold water. She always awoke spontaneously; and was never conscious, when waking, of her somnambule state. I never knew a case where the patient was conscious of what had passed. I should think an excited day would be more likely to be followed by a paroxysm, than a quiet day. A person in a state of somnambulism might rise, dress himself, commit a homicide, run out of a house, and set it on fire. I should think the prisoner's case unquestionably one of somnambulism, differing in degree only from common sleep walking.

[A verdict of *not guilty* was brought in, but it is declared that the question of somnambulism had no weight with the jury. Tirrell was acquitted because the proof was not positive as to the fact that he actually cut the throat of the deceased. He was remanded to prison on an indictment for arson—which will be tried in May.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 8, 1846.

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*Quarantine Laws of New York.*—A copy of the Report of a Special Committee of the House of Assembly of the State of New York, on the present quarantine laws, constituting a volume of 317 octavo pages, was received through the politeness of Dr. Vaché, of New York, last week. We are now examining the contributions of the medical gentlemen who have materially added to the bulk of the volume, and the more we read the greater is our astonishment that men of common sense could voluntarily take such pains, as some of them have, to make themselves permanently ridiculous. The act proposed by Messrs. Wheeler, Comstock and Hine, for the regulations of quarantine, in the port of New York, both on account of its useless details, prolixity and vexatious embarrassments to commerce, is in good keeping with some of the medical opinions upon which a modified, and, as perhaps the committee consider, an ameliorated system of sanitary laws is based. If the liberal, enterprising and intelligent merchants of the commercial emporium of America suffer themselves to be hand-cuffed and fettered in this manner, they had better sell their ships at once, or transfer their business to the port of Boston, in which the health laws are efficient, unoppressive, vigilant in every



respect, yet so quietly and economically administered, that even their existence is hardly known to the inhabitants of the city, and never felt to be either a hindrance or unnecessary burden upon the merchant.

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*Thompson's Improved Tooth Extractor.*—When a description was given, a few weeks ago, of Dr. Smiley's newly-devised tooth extractor, it was thought to be so far superior to all previous inventions that no further room was left for improvement. However, another very ingeniously-conceived instrument has been manufactured, through the mechanical skill of Mr. Thompson, an artisan employed in Mr. Hunt's surgical cutlery establishment, which Dr. Smiley thinks is, in some respects, superior to his own. The old hawk's-bill forceps are so altered, that while the upper mandible lies quietly by the side of the organ to be drawn, the under jaw of the forceps, by bearing upon the handle, forces the tooth out of the socket—sliding it up perpendicularly against the beak of the forceps. Now this description may not be very clear, yet we are unable to better it. Mr. Hunt is manufacturing this improved forceps, which will undoubtedly be liked by many, although it does not strike us as being fully equal to the expectations of those most interested in its success.

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*Memphis Medical College.*—Tennessee has never had a medical school in successful operation, although one has existed in an elementary condition, we believe, at Nashville, as a department of the University. From some cause, not understood by us, no system of regular medical instruction has been given there. At Memphis, on the 16th of March, the trustees of a newly-organized Medical College proceeded to the election of a board of faculty, as follows, viz.:—1st, Anatomy, J. M. Bybee, M.D.; 2d, Surgery, D. J. M. Doyle, M.D.; 3d, Chemistry and Pharmacy, A. Hopton, M.D.; 4th, Theory and Practice, G. R. Grant, M.D. The board resolved to postpone filling the other chairs at present, to wit, 5th, Institutes and Medical Jurisprudence; 6th, Materia Medica, 7th, Obstetrics, &c., and invite applications from competent sources to fill these professorships. All communications must be post paid, and addressed to R. H. Patillo, the Secretary, before the 3d of July, when appointments are to be made. The names of the successful candidates, only, will ever be published. Here, therefore, is an open field for those conscious of possessing the proper qualifications, and who are also ambitious of distinction. This method of finding medical instructors is entirely American, and originated in Kentucky. It is worthy of remark, that thus far the very best order of talents, capacity and fitness for the place, have been secured by this novel process.

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*Medical College of Ohio.*—One hundred and ninety-five students were in attendance on the lectures of this institution, at Cincinnati, the late term. On the 3d of March, forty-six of the class graduated with the honors of the College. A great variety of operations were performed at the hospital during the course, by the professor of surgery, Dr. Mussey.

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*Sickness-makers in Western Africa.*—A missionary writes home, that when one is sick or dying, every one asks who is the witch that made

him sick? To ascertain, a conjuror is called, who points out the individual guilty of the high crime of causing the malady, through witchcraft. He is either compelled to confess himself guilty, or stand the test of the law for determining his criminality. A solemn assembly of old people convene on an appointed day of trial, when the prisoner is forced to drink what is called *sancy water*, a decoction of a vegetable poison. He is obliged to take it on nearly an empty stomach, by fasting the previous day—a little half-boiled rice and one kolah nut only having been given him. On the momentous morning, at cock crowing, the prisoner is forced to drink nearly three gallons of the decoction of the *makaun poison* shrub; next, he sits in a chair, purposely constructed, where he remains a large part of the day, a spectacle for the multitude, who pronounce sentence according to the termination of the operation. If the stomach rejects the whole of its contents, so that the rice and nut meat are discoverable, he is declared innocent. On the contrary, if no rice or nut are found, then he is guilty, and must suffer the fate of a sickness maker, by becoming a slave to the sick person or his relatives, in case of death. Those who escape with life, in passing through the terrible ordeal of the poisoned water, sometimes swell enormously, and sometimes actually burst open. Under the most favorable circumstances of recovery from such a horrible potation, the constitution is broken and ruined—and a protracted death usually follows.

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*Spino-Abdominal Supporter.*—The instrument spoken of in the following note to the editor from Dr. Hall, is a beautiful specimen of workmanship—a drawing of which is in preparation. When completed, we shall again advert to the subject.

DEAR SIR,—With this note I send you one of Crain's spino-abdominal supporters, which I would like to have you examine and show to your friends, or give it such other notice as you may think it deserves. Its greatest recommendations are its lightness, strength, and the ease with which it is adapted to the form. Each part acting as a base to the other, gives double advantage to both. For instance, in using it as an abdominal support, the double spine firmly attached to the shoulders, and the ribs exactly fitted to the crest of the ilium, hold the thin pad in its place with perfect ease to the patient, the amount of pressure being under their control. As a spinal support, the abdominal pad and ribs sustain and keep in place the upright part. It has been much used elsewhere and with great success, and I think it worth the attention of the profession here. Next week I will send you a cut of the instrument, with a more definite description of its use, and also where it may be obtained. E. HALL.

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*Diseases of the Samoan Islands.*—Although individuals in these islands frequently reach 70 and 80 years, death sweeps away a prodigious number of young children. Adults are afflicted with spinal affections, terminating, in some instances, in hump-back, brought about in the females, it would seem, if Capt. Wilkes's theory is correct, by the peculiar manner of carrying children. Catarrh, bronchial irritations, and occasionally sporadic cases of dysentery, are known. A singular eruption, called *ilamca*, attacks children under 10. Elephantiasis, too, says Capt.

Wilkes, prevails extensively among the men, past middle life. Its development is imputed to a want of salt in their food, and the use of cocoanut water. Ophthalmia, too, is prevalent, so much so, that not less than one fifth part of the population suffer from it. The venereal does not exist at Tatuilla, and, in fact, is hardly known in the Samoan group—which shows the superiority, in morals, of the females over those of Tahiti. Fevers are rare, and intermittents and remittents are wholly unknown. Shampooing is one of the remedies of the natives—and about all they attempt to do for the alleviation of pain. Capt. Wilkes has noted down all that a medical inquirer would most like to know in regard to the maladies which are *native* in all the regions visited by the Exploring Expedition.

*Medical Convention at the West.*—A meeting of the physicians of Rock River Valley was held, in pursuance of a call signed by sundry physicians of Rockford and vicinity, at the Court house in Rockford, Illinois, on Tuesday, the 17th of February; whereupon, on motion, Dr. G. Haskell was called to the chair, and Dr. S. G. Armor appointed Secretary.

By request of the Chair, Dr. J. C. Goodhue stated the object of the meeting, which was the formation of an Association of the Physicians of Northern Illinois and Southern Wisconsin for mutual protection and improvement in the various branches of medical, surgical and pharmaceutical knowledge—and presented, for the consideration of the Convention, a constitution for the government of the Association, which was unanimously adopted.

The question, touching the *qualification* of members, and other matters of interest to the Society, then came up, and was discussed at considerable length, by Drs. Hulett, Haskell, Armor, Goodhue, Clark, and others.

On motion, a committee, consisting of Drs. Hulett, Thomas, Clark, Catlin, and Manderville, were appointed by the chair to present to the Convention the names of officers for the Society for the ensuing year. The names of the following gentlemen were presented by the committee, and unanimously confirmed by the Convention:

J. C. Goodhue, M.D., *President*; J. Hulett, M.D., G. Haskell, M.D., *Vice Presidents*; S. G. Armor, M.D., *Secretary and Treasurer*; *Censors*—Lucius Clark, M.D.; A. M. Catlin, M.D.; Dr. A. Thomas.

On motion, the meeting adjourned to meet in Rockford, Illinois, on the third Tuesday in May.—*Illinois Medical Journal*.

*To CORRESPONDENTS.*—The papers of Dr. Swift, of Philadelphia, and one by Dr. Powell, of Missouri, are received.

*MARRIED.*—Henry W. Boardman, M.D., of Philadelphia, to Miss M. G. Noyes, of New London.

*DIED.*—In Bloomington, Iowa, Dr. Benjamin Weed, 57, formerly of Canton, Conn.

*Report of Deaths in Boston*—for the week ending April 6th, 59.—Males, 23, females, 26. Stillborn, 7. Of consumption, 13—lung fever, 6—sudden, 1—scarlet fever, 5—hooping cough, 1—paralysis, 1—burns, 1—inflammation of the lungs, 5—dropsy of the brain, 3—canker, 2—smallpox, 2—infantile, 4—inflammation of the bowels, 2—old age, 1—disease of the heart, 1—croup, 1—dropsy, 2—child bed, 1—disease of the liver, 1—apoplexy, 1—measles, 2—mortification, 1—teething, 1—drowned, 1.

Under 5 years, 31—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 4—over 60 years, 6.



*On the Relapse Periods of Ague, and the Indications of Treatment.*—Dr. Graves observes, in the Dublin Quarterly Journal—

“Having noted with much anxiety and accuracy the course of a quartan ague for twenty-seven months, I constructed a table for the purpose of obtaining a connected view of the number and dates of the fits. This table had been made for some time before I discovered that it contained *data*, which authorize us in concluding that the law regulating the periodicity of agues applies, not only to the succession of paroxysms, but is extended to the free intervals between them—in other words, that the same law of periodicity which governs the disease, while it occasions fits, continues likewise to preside over its latent movements during the interval when no fit occurs, and thus the true periodic rate is carried on, though, as in a clock from which the striking-weight has been removed, the usual signal does not mark the termination of each certain definite portion of time.

“This law, now for the first time brought to light, exhibits a new example of the tenacity with which periodicity clings to a disease, when once firmly impressed on it, and recalls a very similar phenomenon observed with respect to the catamenia, which, having been suppressed for many months, not unfrequently re-appear on the very day on which the monthly period should have occurred, had no such suppression taken place.

“A knowledge of this law will, therefore, prove of the greatest importance, in enabling us to guard against the return of the disease; for, for several weeks after the series of fits has ceased, we can point out to the patient on what days they are liable to re-appear; and, consequently, he can upon those days more effectually guard against the occasionally exciting causes of the disease, such as cold, fatigue, &c.”

In reference to the treatment by quinine, the writer believes the practice generally followed to be wrong. He objects to the continued use of the remedy, as thus the constitution becomes accustomed to its influence when the ague-fit is absent, and then that influence is weakened.

“The mode of treatment which I adopted was calculated to avoid this inconvenience. It consisted of giving the quinine for four successive days, and intermitting it for the six following days, thus embracing the interval comprehended in three fits. By these means it was hoped to keep the system sufficiently under the curative influence of quinine, while we avoided rendering the constitution too familiar with the medicine, the six-day interval preventing it from becoming saturated by the quinine.”

Tables illustrative of the author's observations are appended.

*Death from Discreet Variola.*—A child has just died in one of our wards of discreet variola. He had recently been attacked and treated in the same ward for choleric diarrhœa. He was convalescent, but caught variola from another patient. The pustules of the face and hands contained serosity, which neither became opaque nor dried. Stimulants and cordials, opium more especially, in small doses, were given in vain, and the patient sunk gradually. Sydenham has said, and after him Van Swieten and Stoll have repeated, that when there is no tumefaction of the face and eyelids in variola, death takes place on the ninth or tenth day, if the disease is discreet, and on the thirteenth or fourteenth if it is confluent. The exactness of this rule was exemplified in the instance I have mentioned.—M. TROUSSEAU, in *Clinique des Hôpitaux des Enfants*.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CLINICAL REMARKS.

[Communicated for the Boston Medical and Surgical Journal.]

**HEARING THROUGH THE MOUTH.**—Under this caption the February No. of the Boston Medical and Surgical Journal has the following.

“A correspondent residing at St. Charles, Missouri, writes, under date of December 30th, that a widow lady at Danville, six miles from his residence, has two deaf and dumb children. About three months ago,” he continues, “one of them, on awaking from sleep, ran to its mother, who took it up and kissed it—and while their lips were in contact the mother spoke aloud.” The child put on the look of surprise and delight, and she therefore again spoke in the mouth of the child, who repeated the word. “The operation has been many times repeated, and the little one has learned many words by hearing them through the mouth.” “Is this,” he asks, “a singular circumstance? Can it be accounted for by supposing there is an occlusion of the external auditory passage, and that the sound passed through the Eustachian tube?”—(page 505). Permit me to suggest to the relater of this beautiful incident, that the external auditory passage *was* probably closed, but that the sound did *not* pass through the Eustachian tube. By depressing the lower jaw as in opening the mouth, the condyloid process of that bone is thrown slightly forward, and the digastricus acting at the same time, the external auditory passage is enlarged. This is quite perceptible by careful inspection of the healthy ear while the mouth is opened and shut, alternately. Hence, also, people whose hearing is very imperfect from obstructions in this passage, listen with their mouths open.

I apprehend, then, that in these cases, and in many others of partial deafness, the external auditory passage is obstructed, completely when the mouth is shut, partially when open—that a careful examination (the head being so placed that a ray of the sun's light shall pass into the ear) would generally detect the obstruction—and, that there is much ground to hope that its removal, by mechanical or other means, would restore the organ to its usefulness.

**MAGNESIA WITH MERCURIALS POISONOUS?**—Some twenty years ago the writer was called, about midday, to visit an infant who had taken, on the morning of that day, for some slight indisposition, an ordinary portion of calcined magnesia. The symptoms present were those of poisoning by corrosive sublimate, vomiting, hypercatharsis, &c., and were relieved, after several hours of severe suffering and much apparent danger, by the

use of the ordinary antidotes to that poison. The magnesia had been mixed with water in a teacup on the evening of the day before, but some circumstance prevented its administration till the ensuing morning, when, on giving it, the mother discovered a softened and partially dissolved portion of a "blue pill" in the bottom of the cup, and then remembered that this pill had some time before been placed there for safe keeping—still, she apprehended no danger from the circumstance till some time after, when the violent symptoms arose.

This case, occurring early in his professional life, produced a strong impression upon the writer's mind, and so great a repugnance to the combination of magnesia and mercury in one prescription, as to prevent him from ever administering them with a view to their coöperation. Under these circumstances a peculiar interest was felt in the following item of intelligence in a late No. of the Medical and Surgical Journal (page 388, Vol. XXXII.)

"*Singular Effects of Calomel.*—Dr. Ashmead related to the Philadelphia College of Physicians the case of a patient under his care, to whom an ordinary dose of calomel was given as a purgative, and followed by a dose of magnesia—who, soon after taking the calomel, was seized with symptoms similar to those resulting from poisoning with corrosive sublimate. He was treated by the usual antidotes and remedies indicated in such cases, and recovered."

Calling on Dr. Ashmead for the purpose, the writer learned that the calomel in this case (grs. x.) was given in the evening, followed during the night by thirty grains of Dover's powder in three doses, and a drink of *lemonade*; that a large dose of magnesia was given the following morning; and that the symptoms of poisoning supervened at 12 or 1 o'clock of that day. The disease for which this course was prescribed was, apparently, unconnected with any derangement of the stomach or bowels.

It is proper to add, that Dr. Ashmead had not suspected the magnesia as having any agency in the symptoms of poisoning; but apprehending an excess of acid in the submuriate used, had made particular inquiry of the chemist who manufactured it (noted for his accuracy), and was assured of its careful preparation, and that no other complaint had come to his knowledge.

Now, from the frequent combination of these two remedies in one prescription, we may, I think, safely infer that the effect is not often deleterious; still there seems reason to apprehend that under certain circumstances, at present unknown, a chemical change is effected in the "blue mass" and in calomel, when followed or accompanied by magnesia, that converts these ordinarily mild remedies into a virulent poison. Additional facts, only, can enlighten us on this subject; and it is with a view to elicit these, that I now throw these suggestions before the profession.

Philadelphia, 3d Mo., 1846.

Respectfully, &c.

PAUL SWIFT.



## ON HOMŒOPATHY AND ALLŒOPATHY.\*

"It appears to us reasonable, that the claims of homœopathy, regarded as a system of medical doctrine, ought to be admitted so far as to entitle it to investigation, at least; and in undertaking such an investigation, we have no more right to reject the evidence supplied in its favor by its professors, than we have of rejecting any other evidence in favor of any other medical doctrine, theoretical or practical."—"Young Physic," by John Forbes, M.D., F.R.S., one of the Editors of the "*Cyclopædia of Practical Medicine*," Editor of the "*British and Foreign Medical Review*," &c. &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Mr. Forbes, in his essay on Young Physic, has with irresistible energy overthrown the vast and cumbrous fabric of allœopathy, which, for a long series of ages, has been propped up by successive additions of massive pillars, but badly materiated; and in the demolition of this huge structure has endeavored to bury homœopathy in its ruins. In which attempt he has most signally failed.

Mr. Forbes having no confidence in the curative properties of allœopathic remedies, as employed in the treatment of diseases, recommends entire abstinence from their use, and the leaving the cure to the recuperative powers of nature.

How far unaided nature is capable of curing diseases, may be considered, at least, problematical. "Life is a forced state" and dependent on the action of extraneous circumstances not only for its continuance, but for its very existence. As the principle of vitality does not possess the intrinsic power of perpetuating itself, the application of stimulants becomes essential to its maintenance. The action of stimulants on the system would be inert, were not the principle with which it is animated susceptible of impressions, and endowed with the power of reaction. Health consists in the preservation of a just balance between the action of stimulants, and the reaction of the vital principle; disease is the deviation from the due adjustment of these powers.

Nature: ensemble des propriétés qu'un être tient de naissance; ensemble des lois qui régissent les êtres. Nature, in accordance with the above definitions, comprehends in the aggregate all the powers of the living body, namely, vitality, irritability, sensibility, motion and instinct; but this term in its operation on the animal economy may be used in a more restricted sense.† While it has in a considerable degree the power of preserving the functions in a sound and healthy state, and of resisting the action of morbid agents, and, by its reaction, of overcoming their deleterious effects; the faculty of selecting and furnishing a proper course of regimen and diet, and sometimes of seeking an appropriate remedy for some of the morbid derangements and perturbations to which the system is liable, is the peculiar province of instinct.‡ These properties of

\* Allœopathy is derived from the Greek word *Allois*, Latin *diversus*, not *Allos*, Latin *Alius*.

† The properties of life are so interwoven, that in giving the description of either of them it is difficult to limit the extent of its action, by definite boundaries.

‡ It is probable the distinction that is made between the office of instinct and that of nature will not meet with the ready assent of the reader. I am induced, however, to make the distinction from the ensuing observations:

When a goat lights on the cheek, and inflicts a painful sting, we without reflection immedi-

life are collaborators in the maintenance of health, and the curing of disease. Though their offices tend to the same end, they are successive and distinct. Nature prompts, instinct acts and executes.

There are three modes of preventing disease and its fatal issue: 1st, by the preservative power of nature; 2d, by instinct; 3d, medical skill. That these three methods of cure may prove abortive, history affords ample testimony. In support of this position it is sufficient to refer to syphilis. Within four centuries, this terrible scourge prevailed in Europe, and produced more instances of death, distress, mutilation and deformity, than the most destructive epidemic that ever scourged that quarter of the globe. In this disease there was no salutary re-action manifested; the sagacity of instinct was wholly at fault; and medical skill proved unavailing. It cannot be doubted, however, there may have occurred cases, in which nature resisted the inroads of this loathsome disease, and obviated its destructive effects. In other diseases, as in this, its preservative power may also manifest itself under the most inauspicious circumstances. Hence, in the treatment of diseases, nature, or the laws of vitality, and its capability of re-action, should be observed with particular care by the practitioner.

In syphilis, nature, or instinct, or both, are, in almost every case, wholly inadequate to counteract its effects. But, when uncomplicated with psora,\* or other miasma, it is speedily cured by homœopathic treatment. This may furnish a reply to the proposition in "Young Physic," which follows. "If they [the homœopaths] can show a sufficiently large number of instances of two parallel series of diseases, the one series treated homœopathically, the other left to nature, and show that all or the vast majority of the one set were cured or benefited, and the other set not—then, indeed, we shall be prepared to admit the con-

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ately brush it off or kill it, and the pain ceases at once. This act is produced undoubtedly by instinct. The painful impression on the sense of feeling, arising from the sting, arouses instinct into immediate action, and the remedy is applied. "Sensation and action" appear to be the only properties concerned in this case. But if a bee or a wasp inflict a sting, notwithstanding instinct may have prompted us to brush off or kill the insect, pain and swelling ensue, and by the reaction of nature a process will be established that will remove the pain and resolve the tumefaction. Thus, in this instance nature accomplishes, what instinct fails to do.

There is a disease produced in the cow from a deficient supply of the phosphate of lime, inducing extreme emaciation and death. The remedy is the bones of animals, in which is found the basis of this salt, reduced to powder by art or mastication. When the animal is in this state of suffering, instinct impels her to seek and select bones from the surrounding objects—a kind of substance which in health she would pass by without noticing, and probably, from the absence of the stimulus of instinct, without being able to recognize it—and devour them with avidity.

There is a large quantity of phosphate of lime in milk; and when milch cows feed on grass that grows on soil imperfectly impregnated with lime, they are liable to become extremely emaciated, and unless the appropriate remedy be timely interposed, death will be the result. Oxen and fallow cows, belonging to the same herd, and feeding on the same fodder, are exempt from the disease. The evil may be remedied by drying up the milk.

Another case came under my own cognizance. Several summers since, I had occasion to visit a patient in the country; my visits were usually made in the morning. At two several times, I saw a small, short-legged, chubbied dog, which had the appearance of being very old, cross the road, as fast as clumsiness and old age would admit, to a grass plat for the purpose of eating grass. On the second morning I watched his movements more narrowly. About the same hour as on the morning previous, the animal crossed the road to the grass plat, and went from one part to another, and eat grass, which he seemed to select with care and discrimination.

As grass is not the ordinary food of animals of this class, it is probable the dog was urged on by instinctive impulse in quest of some remedy dictated by nature, in order to cure some malady under which he might have labored.

\* Whenever the cure is retarded, I interpose an anti-psoric remedy with advantage.

clusiveness of the argument based on experience. And in this case we must concede to the homœopaths, that no argument based on the mere ground of a positive inconceivableness of a dose, or a supposed impossibility of its action, will have any weight. 'Empty declamations,' to repeat Hahnemann's own words, must give way before the might of infallible experience."

Hahnemann's mode of ascertaining the virtues of the medicines contained in his works, his manner of preparing them, the amount of their doses and their repetition, to which Mr. Forbes objects, as positions far from being established, are, in my opinion, so well founded, that I have adopted the homœopathic practice altogether.

Mr. Forbes treats with "fresh ridicule" the idea that a medicine divided into infinitesimal doses can be of any efficacy, by displaying a long and imposing array of figures. According to Hahnemann, the virtues of these minute doses are not derived from the mere mechanical division, but from the virtues communicated to them by trituration or agitation. Allowing, however, the virtue of a dose, as Mr. Forbes supposes, is attributable to mechanical division, it must be taken into consideration, that matter is infinitely divisible; and, thus, when this gentleman reduced one grain of a medicine to a decillionth of a grain, that the remainder is again separable into as many parts as the amount of the number of the row of figures he has so ostentatiously paraded, and still the remainder is capable of being divided into as many parts as it was previous to the last division; and, thus, were he to proceed even in geometrical progression, still the matter left would be infinitely divisible. If, then, we admit the soundness of the reasoning contained in the following extract, the infinitesimal doses become more active in proportion to the minuteness of their division: "Dans un corps parfaitement organisé comme l'homme, le minime, il n'existe qu'un seul centre de vie; l'individu ne peut être divisible. Dans le zoophytes, la plante, il y a plusieurs centres de vie, puisqu'en divisant ces êtres on les multiplie par boutures; mais dans le minéral ces centres de vitalité sont encore plus multipliés, puisque chaque molécule y jouit de son existence propre. A mesure que ces centres de vie augmentent en nombre dans une substance quelconque, ils deviennent plus restreints et ont moins d'organes; de là vient que leur vitalité est plus simple, plus obscure, et en même temps plus adhérente; au contraire, plus ces centres de vie sont réunis en moindre nombre ou rapprochés en un seul centre, plus leur forces sont exaltées, développées, et plus leur activité s'exerce avec énergie à l'extérieur."\*

Theoretical discussions are undoubtedly very proper, as they lead to the attainment or discovery of a satisfactory knowledge of the *modus operandi* of medicine; but it suffices for me to know, without having recourse to theory, under what circumstances medicine may produce a salutary reaction.

That psora is the cause of numerous chronic diseases may be mere conjecture; but it may be confidently asserted that the anti-psoric reme-

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\* Dictionnaire des Sciences Médicales.



dies of Hahnemann contribute powerfully to the cure of affections belonging to that class. There is as much reason, and, in my opinion, much more, that the psoric miasma constitutes the basis of chronic diseases, than scrofula, which by many is considered to be the foundation of diseases of this description. For a series of ages it was the popular belief, that diseases of this kind were owing to humors in the blood, without specifying their character.

The above remarks have been introduced preliminary to the following statement: It is several years since I commenced the investigation of the homœopathic mode of practice, and availing myself of every source of information within my power, I have arrived at the conclusion, that the platform on which the science rests is sound. In my medical rejuvenescence, it will be esteemed, I trust, a laudable desire on my part to be admitted into the ranks of "Young Physic." In order to propitiate those who may establish the new school, I submit to their consideration the subsequent case:

For many years before I became acquainted with the practice of homœopathy, I labored under a costive habit complicated with paucity of urine and anal fissures. For the purpose of having a better opportunity of attending to my case, I retired into the country, which took place in the summer of 1834. My stools were attended with the most excruciating torture. By diet, laxatives and injections, at the end of three years of the above time the fissures were healed; but great tenderness remained; the costive habit continued; and persistence in the occasional employment of the above remedies was indispensable; the operation of which continued to be almost always exceedingly painful and debilitating; eventually, the sensibility and contractile power of the rectum became so obtunded and enfeebled, as not to be impressible by the stimulus of an injection. As a last resort, it was necessary to depend entirely on aperients.

After I became acquainted with homœopathic medicine, I made use of many articles recommended in costiveness with advantage, especially *nux vomica*; still I was obliged, though rarely, to resort to allœopathic doses calculated to remove constipation. During this time my capacity for expulsion of feces was feeble, and my discharges were, with very few exceptions, accompanied with pain of greater or less severity. About nine months ago, I came into possession of muriate of soda of the thirtieth potency; it was the first time I ever used a medicine of so high an attenuation, excepting belladonna. Doubting with my friend Forbes the efficiency of a dose so infinitesimally small, I took five globules\*—and these were exceedingly minute; no doubt I was induced to take so large a dose from being in the habit of taking it daily in large quantities, not, however, having undergone the dynamising process of Hahnemann. In a fortnight after I took the first portion, I took two more globules, and I have had no occasion of having recourse to any other remedy, since I took the first portion. From this period, I have possessed the natural

\* After taking this dose, there was communicated throughout the system a sensation, as if the minime vasculæ were in a state of slight distention, that lasted forty-eight hours; which was not the case after taking the second dose.

and absolute control over the expulsive powers of the rectum ; the pain and soreness of the anus has ceased ; and the urine is secreted in sufficient quantities. Whether the recovery from this distressing and painful complaint took place in *consequence* of the restorative operation of the muriate of soda, or as a mere *sequence*, it is not very material, so long as the disease terminated in health. Provided homœopathic medicine be always successful, surely it cannot be objected to, because it follows as a sequence and not as a consequence.

WILLIAM INGALLS.

Boston, April, 1846.

### PUERPERAL CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

IN a recent No. of the Journal I see suggested, as a probable cause of puerperal convulsions, the too great distension of the membranes by the amniotic fluid. I am fully convinced of the correctness of the writer's views, more particularly from having attended a recent case in which it was manifestly the exciting cause of the convulsions. Early on the morning of the 3d of Feb., I was requested to visit Mrs. G. (about seven miles from town), aged about 19, in labor with her first child. She was of short stature and rather plethoric, the abdomen remarkably enlarged for so small a woman. The face was somewhat flushed. She complained of some pain in the head. After making some inquiries of her, and examining the pulse, which was full, I approached the fire to warm myself. My attention was suddenly directed to her, by the cries of the friends that she was convulsed. On examination, per vaginam, the os uteri was found dilated to the size of a quarter of a dollar, the membranes very firm and distended. There appeared to be a permanent contraction of the uterine globe. She had been in labor about five hours. Soon after the first paroxysm of convulsions ceased, I bled freely, directed cold applications to the head, and waited fifteen or twenty minutes, when I found the os uteri sufficiently dilated, and determined to rupture the membranes. A large quantity of amniotic liquor was discharged. From this time the convulsions appeared to cease gradually, and regular and efficient contractions came on. Finding it a natural position of the vertex, the soft parts favorably disposed, and the contractions appearing pretty efficient, I determined to await the further progress and trust to the efforts of nature for the delivery of the fœtus. In this I was not mistaken, for in three quarters of an hour a healthy, living male child was delivered. The convulsions ceased, and she had a rapid recovery under a moderate antiphlogistic treatment. The child sustained little or no injury, although she had several severe convulsions.

This case has fully impressed upon my mind the necessity of rupturing the membranes in such cases, as early as the os uteri will permit.

Saline Co., Mo., March, 1846.

B. E. P.

NOTE.—This lady had no consciousness as to what had passed for 30 hours, nor did she remember a single individual who was present.

## ALVINE CONCRETION OBSERVED.

By Elias S. Bennett, M.D.

I WAS requested to visit Mrs. H. A. H——, about 50 years of age, and who had been for some fifteen years distressed with a large and painful tumor, situated on the right side, a little higher than the promontory of the spinous process of the ilium. This had attained so great a magnitude as to encroach upon the hepatic region, and from its size and feel, would, to a casual observer, render a diagnosis somewhat difficult, and make it questionable whether it was not attached to the anterior inferior border of the groin. For the relief of this malady she had from time to time placed herself under the care of two medical gentlemen of standing; and for so desirable an object the usual practice was carried out, such as a mercurial course, leeching, epispastics, poultices and active purgation, but without relief. Having been solicited to prescribe for her, I at once placed her under a course of iodine, internally; and at the same time blistered the surfaces, with a concentrated tincture of the same—5j. to the ʒ ss. of spirits. In addition, a sheet of lead, of two pounds weight, was required to be worn over the surface, with a tight bandage.

Under this plan of treatment, she was enabled to pursue her avocation as a month's nurse, for as much as two or three months, with comfort to herself and satisfaction to her employers.

But on the morning of 1st of March, she was suddenly and severely seized with the ordinary symptoms of colic, and was kindly visited by my friend, Dr. L. Lee, who prescribed for her symptoms, but without relief. I applied hot fomentations; tinct. opii and ol. ricini being freely given in conjunction with enemata every hour. In this state she continued to the 5th of March, when vomiting of a severe character supervened, and this frequently; a portion of what was thrown up was decidedly *stercoraceous*, and excessively offensive. At this juncture, the attention of my highly esteemed friend, Prof. Geddings, was solicited; and at his suggestion the following prescription was given: R. sub. mur. hyd., grs. xx.; pulv. opii, gr. i. Ft. pil. iv. One every hour. This was alternated with R. ol. ricini, ʒ i.; spt. terebinth., ʒ ss., ft. mis., taken in one dose in conjunction with warm bath, epispastics, &c. This was attended with no good. In this state she continued suffering for seven days. It was then proposed to pass a flexible tube as high up the rectum as possible, and deliver, by the pump, as large quantity of decoct. sem. lini. as could be retained; this was accordingly done; and, singular to say, it was freely ejected from the mouth, in less than one hour, in the condition in which it was delivered. This plan, as was proposed, was frequently repeated, and in order to assist the strength of the tube, a strip of whalebone was worked into shape and introduced into it, so as to prevent its too readily bending—and after this it could be carried forward seventeen inches, without meeting with any undue resistance. At this period, the powers of nature appeared to yield, accompanied with very great prostration, a blue state of the skin, and sloughing of the surface of blistered surfaces, and death seemed to claim his victim. In this state of prostration she



passed the night, and in the morning we proposed a very large dose of submur. hydrarg. alone, feeling she would sink without it; and she could but die with it. A portion of  $\mathfrak{D}ii.$  was therefore administered, and in one hour after, the tube was passed with some ease twenty inches; at this distance, we were met with decided resistance. By a free manipulation of the tumor, over the lateral wall of the abdomen, and applying a little force to the guarded tube, something suddenly yielded, with great borborygmus; and in a few minutes, she expressed an urgent call to the close stool—very copious and free, but watery discharges, now took place, and so very frequent, as to demand a decided and strong course of stimulation. Mustard, brandy, ammonia, musk, and turpentine, had each their turns; and finally an enema of starch, with forty drops tinct. opii, arrested farther prostration.

On the next day, 15th March, she complained of feeling a hard lump at the umbilicus, and upon applying the hand it was distinctly felt to recede before the force applied; it was finally lost on the left side. Now it was discovered that the old tumor was very much reduced in size, and free from pain. Great uneasiness was, however, experienced all that night, along the course of the colon, and in the morning at the rectum; a large injection of decoct. sem. lin. was administered, with instructions to use every effort that her feeble state would admit of, to expel the offending mass; when it was so far expelled as to be readily seized hold of, and extracted by a gentle rotary motion. When first obtained, it had something of the character of carbonate of lime spread over its surface. The smallest end of it was indented by a groove of one sixteenth of an inch in depth. This calculus was probably fixed in the opening of the small intestines or ilio-cæcal valve; and upon our effort to pass the tube, it no doubt came in collision with that portion projecting into the larger intestine, and lifting it out of its bed, suffered it to fall and float down its proper channel, when it was ultimately expelled by the anus. My patient from this hour continued to improve, and now enjoys better health than for twenty years before.

With the view of preserving this mass, we have not attempted an analysis, and therefore can say nothing as to its component part. Length, two inches and three fourths; breadth, one inch and seven eighths; weight, two ounces and six drachms.—*Southern Jour. of Med. and Phar.*

#### ABORTION, FÆTUS RETAINED FOUR MONTHS AFTER ITS DEATH.

By Dr. Thomas C. Osborne, of Erie, Ala.

Mrs. E. W., a highly respectable lady of this place, aged 30 years, of a corpulent and sanguine habit, is the mother of three living children; she suffered an abortion two years ago, caused by a stubborn chronic hepatitis. Her health improved from that time till the first of April, when she became satisfied that she was again pregnant, the evidences of which continued till the first of August, at which time, as she reckoned, she was four months advanced in utero-gestation. At this time, without any apprecia-

ble cause, she was attacked with pains in the back, &c., attended with contractions of the uterus, and a slight hemorrhage, of the character and consistence of the menstrual fluid. This condition, which lasted several days, was checked, promptly, by a few portions of acetate of lead and opium; but from the time of the attack until the embryo was expelled, three months afterwards, she never experienced a single symptom of pregnancy, neither was there, during that time, a return of the catamenia. This, together with an astonishing increase of corpulency, gave rise in her mind to the most painful apprehensions. She complained of strange and distressing sensations.

On the 27th of the following November, she discovered what she again thought to be the menses; but as the day advanced, the fluid assumed more the appearance of a hemorrhage, and, severe labor pains coming on, she was obliged to take to her bed. For ten hours the efforts of the uterus were almost intolerable, hardly allowing a minute's intermission from pain. Her strength was nearly exhausted, and although repeated doses of tincture of opium were administered, and copious venesection resorted to, the pains persisted with alarming obstinacy, until the ovum was expelled.

This, upon examination, presented the following appearances:—membranes thick, firm and entire, containing five or six ounces of very turbid liquor amnii, and an embryo of full four months' development, in a state of incipient putrefaction. The head was large; the eyes, ears, nose and mouth distinct: the extremities fully formed, with the exception of the nails; genitals very distinct; the entire length of the embryo being about six inches. The funis umbilicalis was thirteen to fifteen inches long, and arose from one side, instead of the centre, of the placenta. The foetal surface of the placenta presented nothing further unnatural, but its uterine surface exhibited many abnormal appearances. In diameter it was about three inches; two-thirds of which was occupied by three distinct portions of a cartilaginous or fibro-cartilaginous substance; and the remaining third was taken up by a substance resembling an old clot of blood. Each portion of these masses was separated from the others by a furrow corresponding to the depth of the disease.

The largest, and yellowish portion of cartilaginous substance, was nearly as firm as the cartilage of the ribs. The next to it, was white, but pervaded by a slight tinge of red, and throughout it was the most granular substance I have ever seen. The third was of a dull white color, and felt under the knife like the substance of the mammary gland. The whole diseased surface was about four lines in thickness, and it was under the clotted part that the funis took its origin.

I have but few remarks to make on the above case.

Mrs. W. was certainly pregnant from the first of April to the first of August. She did not then abort, but if she had done so, there was not time, between the 1st of August and the 27th of November, for another foetus to have reached such a stage of development as that attained by the embryo in this case. A complete interruption in the nutrition of the

ovum must have taken place at the fourth month of gestation, and the disease of the placenta was the growth of the subsequent months.—*Western Journal of Medicine and Surgery*.

"FICTITIOUS MEDICAL CATALOGUES."

[PROF. GIBSON, of the University of Pennsylvania, in his late "Valedictory Address to the Class of Medical Graduates," thus alludes to a subject which has been referred to in our pages as well as in other Medical Journals. After stating the large number of *genuine students* attending the last course of lectures, he proceeds:]

Whilst on this subject, I may further remark, that in the midst of a population of several hundred thousand persons, which furnishes such ample material for eliciting a *matriculating* list, the latter must be a very imperfect index or exponent of the state of a school, unless regulated by certain restrictions. We have therefore to say, that *our* published list of this session is strictly an *expurgata* one, and presents a fair exhibit of the relation of each name to the institution—no name having been placed upon this catalogue which had not been previously inserted in an inscription book under the supervision of the Dean, *in the handwriting of the individual himself*, or in a manner equally authoritative and decisive in regard to his connection with the school.

I may also state, that the *physicians* and a *very few* other persons attending upon a general permit, have been marked out and summed up, so as to establish the distinction between them and the body of the class—that no tickets have been *gratuitously* distributed by professors or others under any *designation* whatever, that they might afterwards be added to the matriculating list to augment its number; that no simple contribution of names has been made with the same view; that no youths engaged in a course of elementary education in common schools, have been reported in the catalogue as medical students; that in keeping the catalogue clear of all such accessories which may have been blended with it, the position of every individual has been fairly defined and fixed; that the *post town* or *post office* of his neighborhood has been reported, as well as the name of his *preceptor*; it not being considered sufficiently explanatory, now, by the public to designate an individual merely by the *State* in which he may *be said* to reside, but by localities and circumstances to be ascertained by any one who may desire to learn his exact habitation; nor as affording to others corroborative evidence of good faith on the part of those upon whom the responsibility of making out a catalogue devolves.

We, of course, do not pretend to dictate to other schools, the mode in which their catalogues shall be presented to the public; presuming that each school will pursue its own plan, in accordance with the views or policy most congenial to itself; but as the *formation* of such documents has become, recently, a subject of inquiry and of animadversion by Journalists and others, we deem it a duty to ourselves to put forth this dis-



claimer of any *irregularity* on *our* part, and wish it to be distinctly understood by the alumni and friends of the University that *its matriculating list* is preserved under such restrictions, as to make it always a true and faithful report of the actual condition of the institution, and that it must be judged of *per se*, and by the principles upon which it is formed.

I may further remark that our list of *graduates* now is, and has always been *small*, compared with the *large* number of *students* attending the school. This depends, there is reason to believe, upon a rigid adherence, on our part, to the regulations made by our trustees for the government of the school, and upon the system of discipline pursued throughout—a system which, however well it may work with the educated, intelligent and industrious student, is certainly a terror to the idle, the dissipated and the ignorant, and calculated to drive them in *shoals* to such places as they hope and believe will furnish them with degrees upon the easiest terms. The celebrated Dr. Parr, in reply to one by whom he was twitted and taunted, upon the strictness of his discipline, remarked: “Yes, sir, discipline is a good thing; ’tis discipline that makes the soldier, discipline that makes the sailor, discipline that makes the scholar, discipline that makes the *gentleman*, and the want of discipline that makes you what you are.” To this I may add, that discipline has made your *alma mater*; that discipline has made the students, the gentlemen and the graduates belonging to her; and that when she loses her discipline, she will lose, and deserve to lose, her reputation and her life. With discipline are necessarily associated principle and consistency. “Lead us too soft, as well as too worthless, to be stamped into coin and currency. You cannot polish a fungus or a sponge. Solid bodies *only* can admit the process; and the firmer *they* are, the better will they shine.”

#### CASE OF CATALEPSY RELIEVED BY MUSIC.

By James Bloodgood, M.D., of Cassapolis, Mich.

I WAS called in the evening of Sept. 5th, 1843, to see Dorcas Howard, aged 17, of small stature and florid complexion, who was said to be in a fit. I found her with a full, somewhat accelerated pulse, white tongue, costive bowels, flushed face and completely cataleptic; the muscles of the eyelids, which I believe is unusual in this rare disease, being affected like all the other muscles of voluntary motion, and with this peculiarity, that when closed, a slight impulse communicated to one of them, would cause both to open widely, in which state they would remain until an opposite impulse was given, when both would close simultaneously; but such a balance between the opposing muscles as would leave them partially open after the finger was removed, could not be obtained. Her attending physician, Dr. Allen, of Lagrange, where the case occurred, informed me that she labored under menstrual suppression, and that the attack was preceded by severe headache. As no notes were taken, the previous treatment is forgotten. We applied cups to the temples, directed a blister to the spine, sinapisms to the extremities, cold applications to the head, and a mixture

of jalap and crein. tart. to be kept in the mouth, and which was swallowed involuntarily at intervals through the night.

6th, 9 o'clock.—No operation or change in any respect. Having learned that she was extravagantly fond of dancing to the music of a violin, a performer on that instrument was procured, and requested to play one of her favorite tunes, which he did, with immediate and striking effect. Her breathing became hurried and deep, and for a short time she appeared to be making strenuous efforts, like one closely bound, to release herself; she then became quiet, with the exception of the fingers of the right hand, the motion of which corresponded so perfectly with those of the operator's left, as to induce the bystanders to attribute it to mesmerism, which was in high credit here at that time. When the music ceased, she opened her eyes and drank eagerly of water that was presented to her, though still apparently unable to move, and a repetition of the dose, not of water, but of music, restored her to perfect consciousness and volition. Under the operation of a blister to the epigastrium, which was tender, and means to restore the menstrual secretion, she soon recovered, and was subsequently married.

March 23d, 1845.—I was again requested to see her for a similar attack, which had continued five days without medical treatment, the fiddling having been relied on exclusively. The paroxysms were now of an hysterical character, commencing with convulsions, which became frightful if not arrested; but under the operation of the violin, which had been in use almost constantly by night and day, she passed in a few moments from the convulsive to the cataleptic state, and to consciousness as in the first attack, to relapse almost whenever the music ceased. Bleeding, cupping, blistering and cathartics relieved her in a day or two, and she remained as well as could be expected, with the exception of a threatened abortion, for which she was bled until the 13th of Sept. last, when she was delivered of a small healthy child after an easy labor, and has since remained in perfect health. The effect of music in this case was very remarkable. During her sickness she never had a paroxysm which music would not remove, or which was removed without it, though its effect was only temporary until depletory remedies had been used; and those remedies, however necessary they might be to secure a permanent recovery, were never alone sufficient to relieve a paroxysm.—*American Jour. of the Med. Sciences*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 15, 1846.

*Swedenborg's Animal Kingdom*.—A friend has kindly given us the opportunity of reading a volume of "The Animal Kingdom, considered Anatomically, Physically and Philosophically, by Emanuel Swedenborg; translated by James John Garth Wilkinson, member of the College of

Surgeons, London." From the evidences presented in this great work, it is clear that Swedenborg was neither understood nor appreciated in his own age, and he certainly is not in our own. His researches in the second volume of the *Animal Kingdom*, on the nose, uvula, larynx, epiglottis, trachea, lungs, pleura, thymus gland, diaphragm, skin, sense of touch, &c., are exceedingly profound. Teeming, as the elementary works of anatomy do, with curious and striking descriptions of individual organs, and physiological deductions, we have seen nothing superior to this learned author. He has laid all nature under severe contribution, and left nothing of much importance to be detailed in regard to the subjects discussed in this bibliographical monument of personal industry and truly scientific research.

From the death of Swedenborg till 1844, this, as well as some other erudite productions of that eminent philosopher, were sealed up in the Latin language, and therefore inaccessible to the majority of students. By the untiring efforts of the translator, the whole of the *Animal Kingdom*, in two stately octavos of nearly 700 pages each, are now in plain English, and therefore open to the study and admiration of all who honor genius or desire to profit by the achievements of a man of extraordinary intellectual endowments. We shall have more to say on this point, in connection with remarks on the first volume of the *Animal Kingdom*, when its contents are more thoroughly examined.

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*Influence of Tropical Climates.*—All who read the standard works on medicine are familiar with Dr. James Johnson's treatise on the "Influence of Tropical Climates on European Constitutions." Twenty-five years is a long time for a modern book to maintain its original reputation. That period has elapsed since the author gave the results of his researches to the public—and the volume still commands the entire confidence of the highest medical authorities. In order to combine as much matter as possible, of the same character, in an economical form, and thus enhance the intrinsic value of both, Dr. Martin's celebrated official report on the climate and diseases of Calcutta, was added. Lastly, in bringing out the present American, from the sixth London edition, notes have been added, with the view of giving the whole a complete finish. As the note-maker, however, conscious, probably, of his inability to better the text, had the wisdom to keep his name out of sight, the assertion of the fact on the title-page that such affixes have been added, has no kind of weight with thinking people. It is time this catch-penny scheme of apparently bettering a good book, by nobody knows who, and which, as a general thing, enlarges the book without improving it, was frowned upon by the profession, in order to arrest the further progress of a literary abomination, in which our countrymen have become conspicuous.

It is hardly necessary to advert to the topics discussed, since Dr. Johnson is an old acquaintance in all the libraries. For the sake of the beneficial influence these writings are calculated to exert, every friend to the diffusion of useful knowledge must be gratified to know that the price is now so reasonable that all who desire may procure a copy. Published by S. & W. Wood, New York. Ticknor & Co., Boston, have it.



*Dr. Gilbert's Valedictory.*—By request of the class in attendance on the medical lectures at the Pennsylvania College, the valedictory address of Dr. Gilbert, Professor of the Principles and Practice of Surgery, has been printed. It is a sound, logical discourse, treating on subjects of peculiar value to medical men. His remarks on competition in practice, are admirable. Nothing is more common or more lamentable, than to see two fellow students, immediately on becoming established in business, become rivals—and finally, going on from bad to worse, absolutely treat each other with marked contempt and even hatred.

"Place your reliance," says Dr. Gilbert, "upon good sense, eminent professional attainments and character." In summing up the duties appertaining to professional life, he distinctly inculcates a recognition of religion as an all-controlling principle as well as duty.

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*Portraits of New York Medical Professors.*—Messrs. S. & W. Wood, No. 261 Pearl street, New York, have an immense collection of works on medicine, anatomy, surgery, midwifery, chemistry, &c., which are worthy the examination of medical gentlemen visiting that city. In their recently-published catalogue, we notice that they have the portraits of the faculty of the two medical colleges of New York. The seven professors of each institution are on separate plates, of twenty-four by thirty inches. A few of the impressions would be regarded with satisfaction this way. There is a peculiar gratification in knowing how those men look, who have notified the world, by their intellectual efforts, that they are active and useful in it.

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*Mortality in Massachusetts.*—On the authority of Mr. Shattuck, whose valuable letter to the Secretary of the State is published in the last Annual Report of Births, Deaths and Marriages in Massachusetts—

"The population of Massachusetts may now be estimated at 800,000. From the returns of deaths received, I have estimated the whole number of deaths in the State last year to have been 14,000, which is nearly 1 in 57, or 1.75 per cent. of the population. Of these 14,000, there died at least 6,000 children and youth under 15 years of age. Estimating the average ages of the whole of these in the same proportion as those actually known, it will give for each about 4 years, or 24,000 years of life for all. This, at \$50 a year, amounts to \$1,200,000 as the cost of their maintenance. And all this sum was lost to the State last year by premature deaths, before any return could be made for it. Can any one doubt that half, at least, might have been saved by proper knowledge and care?"

"The proportionate number of deaths among the young has been increasing for several years past in this country, as our investigations prove; and we see no reason to believe it will be less, until more knowledge is diffused in regard to the laws of life and the liability to death, under different circumstances. This immense loss of the productive power of the State, may be considered as an annual tax, which the people must pay every year, until they find out and use the means of prevention.

"It has been said that the strength and dignity of a nation consist not in its lands, its houses, its wealth—but in its people. And I have already stated, that that people is most prosperous which contains the greatest

proportionate number of the productive age. In the above calculation, we have not taken into account the loss sustained by the death of those belonging to this age. This would greatly swell the amount of loss. We have stated that by care and attention the late Dr. Ripley probably added 50 years to his life. We are now considering, time as money, labor as money, *life as money*, and not the real, moral value of that good man's services. Estimating then this time to be worth \$1.00 per day, or \$300 per annum, the 50 years of his life were worth \$15,000, and that sum was saved by the prolongation of his life. The deaths in this State last year, as we have estimated, were 14,000. Of these, 5000 probably died between 15 and 60 years of age. Let us suppose, by proper knowledge of the laws of health and a proper care in obeying these laws, 5 years might, on the average, have been added to each of their lives—and this seems not an extravagant supposition."

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*Dental Head Rest.*—Dr. Temple, an operative dentist, of this city, has invented something that really carries its value on its frontlet, and we hope the dentists everywhere will not only purchase the new instrument, but sound the merit of the invention over the country. A costly part of a dentist's office is an operating chair. Some very queer contrivances are to be found in some of the dental establishments; but the merit of Dr. Temple's head rest consists in this, that it may be screwed to the back of any chair, and give all the requisite height, inclination or lateral position, which may ever be required. The perpendicular rod has a joint in the middle, so that when detached from a chair or stool, it can be folded up in a trunk and hardly occupy more room than a box rule. It is a cheap instrument, too, another strong recommendation. Mr. Hunt, the surgical cutler, corner of Washington and Water streets, who does everything in his line in a superior manner, is the manufacturer. While examining into the capabilities and comfort of this dental head rest, the idea struck us that barbers, likewise, would find this better than any of the clumsy chair back frame-work in their shops, and certainly as elegant a fixture as the nicest-kept dressing saloon in this or any other city can boast. Dr. Harris must certainly have a plate and description of Dr. Temple's ingenious device in the next No. of the Dental Journal.

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*Intemperance productive of Pauperism.*—There are 6854 persons in the various almshouses of Massachusetts, fed and clothed at the expense of the people, who have probably been made paupers by intemperance in themselves or others with whom they were connected. A sad picture this, of the vice of drinking, which neither law, the public sentiment, or the force of virtuous example, has been able to control.

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*Influence of the Imagination in the Cure of Disease.*—In opening a course of lectures on Physiology lately at the College of France, M. Magendie spoke at length on the power of the mind in relieving disease. A few detached quotations are here given.

"These reflections explain at once the cures of which homœopathy is so proud. Homœopathy, instead of bleeding a patient, will place gravely on his tongue a globule of aconite, which he will swallow with confidence

and faith. You then see the disease improve. But it would have improved just as well without globules, provided some singular operation had struck the imagination of the patient. It is really too great a stretch of credulity to believe that a globule prepared by the formulæ of Hahnemann can contain any active principle. But, on the other hand, any one who has seen disease, must at once admit that this same globule may exercise, through the imagination, a powerful moral effect. You must not, indeed, accuse me of partiality towards homœopathy, when I state that I firmly believe that a physician would cure a patient sooner with globules, if the patient has faith in them, than with the most appropriate medicinal substances, if he distrusted their action.

"What I state respecting medicinal substances is equally applicable to bleeding. A patient is seized with the symptoms to which the term inflammatory has been applied, and asks to be bled, believing that the loss of blood will cure him. You open a vein, and the abstraction of a certain quantity of the vital fluid is followed by an amelioration of the symptoms. But take care how you interpret the fact; the improvement may be owing to the moral effect produced, more than to the venesection. For more than ten years I have not found it necessary to have recourse to copious bleeding; in other words, I have rather endeavored to act on the mind of the patient than on the circulation, and I have no hesitation in asserting that my practice has not been the less successful.

"Yes, gentlemen, we love error, and often refuse to yield to evidence, even when it is proved to us that our good faith and credulity have been imposed upon. Of this fact I will give you the following proof. A lady, a fervent believer in mesmerism, asked her niece, who was poorly, for a lock of her hair, in order to consult a somnambulist. The niece, wishing to try the credulity of her aunt, gave her the hair of her maid instead of her own. A renowned somnambulist was consulted, and at once recognized, by the hair of the maid, all the symptoms presented by the niece, whose sufferings she minutely described, to the great edification of the lady. The latter was then informed of the trick that had been played. You would naturally have thought that she would have recognized the imposture of the somnambulist. Not at all; she preferred concluding that the maid servant had the same disease as her niece, and obliged her to submit to a regular treatment, as if she had been poorly, although at that time in the best possible health."

With regard to M. Magendie's practice of trusting to the imagination in treating acute disease, the *Dublin Quarterly Journal* says:—

"When studying at Paris, we had an opportunity of witnessing, in M. Magendie's wards in the *Hôtel Dieu*, the powerful influence, on disease, of mere hygienic conditions. We have seen pneumonias and other acute inflammations brought to a successful issue by attention only to temperature, hygrometric state, diet and rest. Still, however, we believe every one but the distinguished physiologist himself, was convinced that the fatal cases were much more numerous with him than with his colleague, M. Chomel."

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*Medical Science in Palermo.*—Prof. F. H. Hamilton, of Geneva, N. Y., in his "Notes of an European Tour," published in the *Buffalo Medical Journal*, thus alludes to the state of medicine in Palermo, Sicily:—



"It cannot be supposed that in such a country the science of medicine has made much progress. Medical students go abroad to receive their education, and although several physicians and surgeons in Palermo deservedly hold a high rank, yet they complain of the successful rivalry of the Priests and the 'Salassatori.' The Priest, or what is equivalent, his 'holy relic,' often obtains the credit of the cure, even when a regular physician is employed. The 'Salassatori' are found in almost every street; the shops being indicated by a barber's pole, two large copper basins and a horse tail; occasionally, also, by a vile painting representing a 'Seneca,' throwing blood like a jet d'eau from a dozen orifices. Within is a swarthy Sicilian, who will furnish you salves for ulcers, cancers and tumors, will leech and pull teeth, will bind up your wounds, and mend your bones, will bleed you by the ounce, will shave, cut hair and point your 'imperial.' These are the veritable representatives of the ancient 'barber surgeons,' whose 'ensign,' in the twelfth century, was a pole wrapt with a red roller, supported by two basins: of which honorable fraternity the great Paré boasted himself a member, and from which the present 'royal stock' of surgeons are lineal descendants. It is therefore that I have examined the more in detail these establishments, one of which I entered and explored entirely to my satisfaction; which done, I requested the surgeon to bleed me. 'How many ounces, Signore?' 'Six.' 'Where?' 'In the arm.' Immediately I was divested of my coat—my hand was made to grasp the top of an upright rod, supported by three legs—my sleeve was turned up smoothly and tenderly above the elbow—the blood red fillet was then applied in a most artistical manner, a spear-pointed lancet was selected from the arsenal, and already was the thirsty weapon glittering in the air, when I withdrew my arm, and declared myself satisfied. It was as a *pupil* and not as a patient, that I had entered the office of this descendant of my Fathers. Francesco paid him the two carlini, and we went on.

"Homœopathy has also lately attracted a large share of patronage; and in Palermo, as at home, its converts are chiefly among the most aristocratic circles, over whom such sugared pretences have always a remarkable power of fascination; and in Sicily, homœopathy now threatens fairly to supplant the sister faith in amulets, and the bottled breath of departed saints!"

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*Medullary Tumor in a Child aged Six Years.* By B. W. M'CREADY, M.D.—This disease was preceded by emaciation, pain and fretfulness. The abdomen became tumid, and gradually increased in size. On examination, a large medullary tumor, weighing nine pounds, was found in the abdomen, lying between the ribs and spine of the ileum of the right side, involving the aorta and vena cava.—*Dublin Hospital Gazette.*

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*Medical Miscellany.*—Scarlet fever is said to be prevalent on Bayou Rapids, La. Several slaves have died on the plantations, of the disease.—The Massachusetts Medical Society has applied to the city authorities for the use of Faneuil Hall, May 27th—which looks like having a good dinner, with elbow room.—There are 839 paupers in Massachusetts, reduced to poverty by reason of insanity and idiocy. There are 619 insane persons wholly or partially supported by the State.—The population of Vi-

enna, in Austria, is 250,000—giving an average of 40 persons to each house in the city.—At this time there are 134 Surgeons and Assistant Surgeons in the U. S. Navy—about half enough.—The cit of Paris, in 1845, was supplied with 77,139 oxen; 27,929 cows; 82,871 calves; and 457,450 sheep.—Dr. Charles F. Mitchell, one of the most notorious counterfeiters, died lately at Philadelphia, in prison.—Dr. Fitzgerald, Physician to the Croom and Fedomore Dispensary, Ireland, writes that “fever, in a most aggravated form, is raging here. There is scarcely a family in some localities here that is not laboring under the malady.” He says it is produced, in a great degree, by the badness and insufficiency of food.—In 1693, the President of the London College of Physicians had a Dr. Groenvelt committed to Newgate for using Spanish flies as an internal remedy.—Dr. Harrison, of the Medical College of Ohio, says that he knew a young lady, 18 years of age, who died from copious vomiting, three days after taking four grains of emetic tartar, dissolved in eight spoonfuls of water.—Opium and carbonate of ammonia are good remedies for arresting gastric irritation, produced by the administration of anti-mony.—It is always best, as far as practicable, to give emetics towards night, says high authority, that the patient may have the tendency to sleep, induced by the act of vomiting, fully secured.—Cupping removes the blood more rapidly, and unloads engorged vessels much quicker, than leeches.—Bad effects may be produced by dull lancets. They tear the coats of a vein, and severe inflammation may arise from it.—A shark was taken on the Spanish Maine, which had in its stomach an earthen pot one foot in diameter by two in length, which the voracious monster probably seized as it fell from the deck of a vessel.—An abstract of the returns of the overseers of the poor of the several cities and towns in this Commonwealth, 1845, shows that at the close of the year, there were 3532 foreign paupers maintained at the public charge.

*Report of Deaths in Boston*—for the week ending April 11th, 61.—Males, 34, females, 27. Stillborn, 7. Of consumption, 12—smallpox, 5—disease of the bowels, 2—measles, 4—sudden, 1—scarlet fever, 4—influenza, 1—accidental, 2—convulsions, 5—teething, 2—lung fever, 5—paralysis, 2—old age, 1—delirium tremens, 1—drowsy of the brain, 3—dropsy, 1—coughing cough, 2—disease of the heart, 1—intemperance, 1—infantile, 1—canker, 1—cholera infantum, 1—marasmus, 1—erysipelas, 1—disease of the spine, 1.

Under 5 years, 31—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 4—over 60 years, 6.

REGISTER OF THE WEATHER,

*Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.*

| March. | Therm.       | Barometer.          | Wind. | March. | Therm.        | Barometer           | Wind. |
|--------|--------------|---------------------|-------|--------|---------------|---------------------|-------|
| 1      | from 6 to 25 | from 29.53 to 29.67 | N     | 17     | from 30 to 37 | from 28.53 to 29.20 | N W   |
| 2      | 8 18         | 29.65 29.70         | N E   | 18     | 27 40         | 29.29 29.30         | N W   |
| 3      | 11 31        | 29.72 29.75         | N E   | 19     | 33 49         | 29 14 29.20         | N W   |
| 4      | 22 45        | 29.10 29.44         | S W   | 20     | 40 62         | 29.20 29.25         | N     |
| 5      | 37 44        | 29.06 29.10         | W     | 21     | 46 45         | 29.23 29.32         | N W   |
| 6      | 23 37        | 29.18 29.20         | S W   | 22     | 31 45         | 29.50 29.60         | N W   |
| 7      | 11 36        | 29.52 29.40         | N W   | 23     | 30 61         | 29.50 29.65         | S W   |
| 8      | 25 40        | 29.20 29.26         | N W   | 24     | 36 40         | 29.36 29.40         | S     |
| 9      | 32 43        | 29.34 29.47         | N W   | 25     | 31 50         | 29.00 29.20         | S E   |
| 10     | 28 44        | 29.54 29.61         | N W   | 26     | 41 41         | 28.95 29.10         | N E   |
| 11     | 21 49        | 29.70 29.74         | S W   | 27     | 42 62         | 28.98 29.18         | W     |
| 12     | 33 54        | 29.62 29.64         | S W   | 28     | 37 50         | 29.10 29.20         | S W   |
| 13     | 42 59        | 29.40 29.52         | S W   | 29     | 33 46         | 29.27 29.34         | W     |
| 14     | 50 52        | 28.70 28.99         | S E   | 30     | 35 44         | 29.44 29.50         | N W   |
| 15     | 36 48        | 28.95 29.06         | S W   | 31     | 29 44         | 29.58 29.62         | W     |
| 16     | 35 42        | 28.93 29.04         | N W   |        |               |                     |       |

This month has been unusually pleasant for the season, and the travelling is now good in this vicinity. No snow has fallen—a rare occurrence. Range of the Thermometer, from 6° to 62°. Barometer, from 28.70 to 29.78. Rain, 3.33 inches. The flowering season has commenced. Singing birds are plenty.

*On the Application of Galvanism in Cases of "Accidental Hæmorrhage."*—In a late No. of the Medical Gazette we find the details of a case of accidental uterine hæmorrhage, and some practical remarks on the subject by Dr. Radford. A female, in the eighth month of pregnancy, received a fright, which was followed by a discharge of blood from the uterus. The writer being sent for, found the os uteri closed and rigid, the uterus itself flaccid. There was no pain; the usual treatment was adopted, but the hæmorrhage did not cease. Galvanism was then applied, by placing one conductor on the os uteri, the other externally over the uterine fundus. Dr. Radford observes,—

"From the moment that the circle was complete, uterine pain was excited; and a bearing-down effort was produced. These effects were observed to be more or less intense, according to the length of time the conductors were allowed to remain applied. The uterus was felt to be tonically contracted during the intervals, and this effect was observed to be increased after each temporary action induced by the application of the connection rod.

"This plan was continued at intervals for half an hour. I now withdrew the vaginal conductor, and placed a common conductor externally on each side of the uterus so as to press the galvanic current in a transverse and oblique direction. In doing so I moved them from the upper to the lower part of the organ, taking care to have each placed in such a manner that every portion of the uterine tissue (as far as possible) was subjected to the influence of this remedy.

"From the time that the uterus began to contract, the flooding abated, and soon altogether ceased. The os uteri also began to soften, and gradually yielded, so that, at the end of six hours, it was so far dilated as to allow the head of the child to pass through it. The child was born alive. The placenta was also expelled without further assistance. There was no further flooding. The uterus was found firmly contracted."

The application should not be long continued, and occasional interruptions should be made so as "to imitate, in some degree, nature's operations."—*London Lancet*.

*On the Milk of Carnivora.* By M. DUMAS.—M. Dumas found no sugar in the milk of a dog which had been fed for 15 days exclusively upon horse-flesh, nor could a trace of butyric acid be detected in it. In another, fed for the same time, and on bread soaked in fat broth, it contained sugar. He also found the caseine became diminished in quantity when a diet of bread succeeded a diet of meat; and the sugar, which could not be detected when the food contained no starch, was distinctly present when starch predominated in the food. M. Dumas believes that the globules in milk are surrounded by a caseous coating, he found that, if milk be shaken with pure ether, the two liquids, which are at first mixed, separate by repose, and the milk preserves its ordinary appearance, whilst the ether dissolves scarcely anything. If, however, acetic acid be added to the milk, and this is then boiled, the whole of the butter may be removed by subsequent agitation with ether; the milk is then no longer opalescent. Moreover, if the milk be saturated with a chloride of sodium, when filtered, we obtain a perfectly limpid serum containing the soluble caseine, the sugar and salts; the globules remain on the filter.—*Comptes Rendus, Sept., 1845.*



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## REPERCUSSION.

Translated from the French of Guersent, by J. Sidney Crane, M.D., of St. Louis.

REPERCUSSION is a name given to an effect produced by certain topical applications, by aid of which the physician designs to repress and repel external morbid alterations, or even those which are more deeply seated.

Thus, repercuSSION is a medication not limited solely to the skin or external mucous membranes: it is extended also to diseases of the mucous canals, the orifices of which open without, and even propagates its action further under the sub-dermoid cellular tissue, and sometimes upon the organs deeply placed within the cavities. RepercuSSION is the result of many and most varied therapeutic means, which do not reside in a particular property, common to a special class of medicaments, but is the product of the application of bodies of different qualities.

Cold, iced and hot water, pure or medicated with acid, saline or alkaline solutions or astringent decoctions, &c., are employed as repellents. These liquids can be administered according to the case, under the form of lotions, injections, washes, baths or douches. To produce the same effects, solid astringent substances combined with lard, under the form of pomatum, are also employed. Pomades of the acetate of lead, of the sulphates of alumina and copper, tannin, rhatany, &c., called repellents, are also prepared with cerate of suet. These therapeutical agents, although differing in many respects, in their particular effects, produce, nevertheless, the same local and topical action; they all constrict the capillary net-work of the skin, and increase its action. Cold and hot water, notwithstanding the opposite effects which they at first appear to produce, conduct to the same result. When repellents are administered under the form of the douche, the shock that they cause contributes to produce a still more marked constriction of the cutaneous vessels; this first effect being produced, the immediate properties of the various medicinal agents act with great power. Alkaline, saline or astringent solutions constrict of themselves the cellular and vascular net-work of the skin, and increase the density of the dermis. Certain substances, such as the acetate of lead, the protonitrate of bismuth, act, besides, in blunting the sensibility of the contracted parts, and preventing their re-actions. Among the number of repellent agents ought also to be named, the different modes of compression, and particularly the bandage of Theden. Moderate compression

of the dermis, by opposing the infiltration of the cellular tissue, increases, at least momentarily, the activity of the capillary system, favors the resorption of fluids already effused, and establishes a true repellent action, but in a mechanical manner. Consequently the therapeutical effects of repellents are confined to the following : they constrict the vascular and cellular systems of the skin : they at first blunt their sensibility somewhat after the manner of astringents : they repress by this action the over-abundant secretions, and cutaneous, gaseous, serous and sebaceous exhalations, and prevent morbid secretions resulting from chronic phlegmasiæ of the skin. Gradually the impression produced communicates itself to the sub-cutaneous cellular tissue and even to the subjacent parts, thus favoring the resorption of sanguineous, serous and purulent secretions, which might remain under the dermis, the cellular tissue, or even deeper, in the glands. It is upon these immediate effects that the advantages and inconveniences of repellents depend.

Cold and iced water have been employed with success, as is well known, in cases of strangulated hernia, when emollients were without effect. The utility of these therapeutical means has been also well established by many examples of superficial aneurism. I have seen recently an aneurism of the popliteal artery which was thus reduced from two thirds of its volume to a simple indolent tumor, hard, and, as it were, fibrous, in which there could hardly be perceived any arterial pulsation.

It is principally in the extensive phlegmonous erysipelas of the limbs, which threatens gangrene to a large portion of the skin, and in certain whitlows, that the compressive bandage of Theden has been used with almost constant advantage. M. Recamier some years since made a happy application of methodical compression in many cases of inflammation of the breast, and has succeeded by these therapeutical measures in obtaining a complete resolution of large tumors of the mammæ, which had resisted all other medicatio ; he has even obtained by this compression a manifest amelioration in certain cancers of the mammæ.

The therapeutical use of repellents in chronic cutaneous affections requires great circumspection. It cannot be denied that their administration, when wisely directed, conduces powerfully to the cure of many of these affections, and it is even difficult to effect that cure in many cases, without the use of lotions and either the alkaline douche, or that medicated with hydrosulphuric acid, or without employing some of the pomades more or less stimulating to modify the state of the skin ; and, in reality, all these means are true repellents. The prudent physician, however, will not resort to the use of such therapeutical agents until well assured of the condition of the patient, and after having taken all proper precautions to prevent the inconvenience which may result from their use. He ought also to examine every organ with care, to determine if any of them present traces of alteration of tissue ; and if the most attentive examination proves them to be in a state of perfect

integrity, and the individual appears to enjoy good health, he will employ repellents with care, together with revulsives in the intestinal canal and blisters, setons, moxas, &c., to prevent the consequences of retrocession of these cutaneous irritations, the sudden suppression of which is dangerous in proportion to the length of time they have existed. Notwithstanding the utility of purgatives and cutaneous suppurations in these cases, they often do not suffice to counterbalance the inconvenience resulting from the use of repellents, and to oppose the development of organic lesions which often follow their employment. There is scarcely a physician who has not many times met in his practice individuals affected with cancer of the stomach, intestines, liver and uterus, or with tubercles of the lungs developed more or less rapidly, after the inconsiderate use of repellents, in old and stubborn cases of acute eczema and porrigo. However, the influence of repellents in the production of organic disease has been, doubtless, exaggerated, for it is more than probable that in many such cases the alteration of tissue precedes the use of repellents: but admitting even a simple coincidence, it is certain that the rash employment of repellents in cutaneous diseases connected with organic alteration, hastens the development of the latter.

It is clearly proved by experience that the astringent pomades employed by charlatans for the cure of ring worm, as well as many of the cosmetics in use among females, frequently give rise to acute and chronic diseases; medical works are filled with observations which determine the truth of this remark. Infants are more exposed than adults to the bad effects of repellents; I have seen many fall victims to bronchitis, to pneumonia or chronic enteritis, with and without tubercles, after the recession of porrigo larvalis or of other cutaneous affections situated upon the face or body. It is necessary, then, to abandon the use of repellents in the therapeutics of chronic cutaneous diseases, at least in every case where the health of the individual is doubtful, and to employ them under no circumstance without the precautions pointed out for the purpose of preventing the inconvenience arising from their use.

Repellents, on the contrary, are commendable, and can be employed with success and without danger, in certain simple cases of blennorrhœa, especially if they are recent, and with still more advantage in ophthalmia or ophthalmio-blennorrhœa, either acute or chronic: repercussion in these cases is so powerful an agent, that repellent collyria and the application in particular of nitrate of silver in solution, and even with the solid stick, are now in every-day use.

It is necessary to rank also among the number of effects of repercussion, the influence, more or less active, of irrigations, of affusion and of the douche, in most of the acute or chronic diseases which have their seat near the internal organs, and particularly in cases of serious and extensive contusions, of deep-seated abscess and of cerebral affections.—*St. Louis Medical and Surgical Journal.*



## VALUE OF AUSCULTATION IN DISEASES OF THE CHEST.

[DR. JAMES TURNBULL, Physician to the Liverpool Northern Hospital, in an Introductory Lecture reported in the London Lancet, has the following judicious remarks.]

The signs furnished by auscultation and percussion are called physical signs, because they are derived from physical examination of the chest, which enables us to ascertain the conditions and relations of the thoracic organs. Dr. Williams observes, that "physical signs and vital symptoms respectively have their value in making known the nature and extent of disease. Physical signs are more certain, because they appeal more directly from the seat of disease to the senses; depending on simple and more constant causes—physical properties, they are more constant, and less subject to variation than vital symptoms, which result from more complex and therefore more variable vital properties." The knowledge which we acquire of the state of the lungs by auscultation and percussion is much more direct and positive than that furnished by vital symptoms, for we may thus ascertain with great certainty whether they are both permeable to air or not, or the presence of mucous fluid in the air cells, or any increase that may have taken place in the density of their structure. In many cases, the discovery of the disease from symptoms is extremely difficult, or altogether impossible, and yet with the aid of physical signs, it is very easy and very certain. To illustrate this, let us compare the two diseases—chronic pleurisy and pulmonary consumption. The symptoms are so similar, that in many instances it would be almost impossible for any one, from symptoms alone, to make the diagnosis. In both diseases, there may be pain in one side, with shortness of breath, cough, and expectoration of muco-purulent matter, hectic fever, with great debility, emaciation, and night perspirations, or diarrhœa, and yet, notwithstanding the similarity in the symptoms, the two diseases are very different in their nature, in the plan of treatment which they require, and in the probability of a favorable or unfavorable termination, the one being in the vast majority of cases fatal, whilst in the other, a judicious plan of treatment will generally save the patient, provided the disease be free from complication with tubercles. Here, the value of physical signs is very great, but it is still further shown by referring to those diseases which have been called latent, from frequently running their course without being accompanied by the ordinary symptoms. Thus, the lungs may become solidified from inflammation, with scarcely any cough, dyspnœa, acceleration of breathing, pain, expectoration, or fever. In typhoid pneumonia, the symptoms are generally indistinct, and in albuminous nephritis I have seen both lungs become rapidly solidified without any pain, and with the other symptoms but imperfectly marked. In pleuritis, too, the disease is not unfrequently latent, and attended with no pain, and very little local or general derangement. In all these cases, though the symptoms are indistinct or wanting, the physical signs enable us to trace the progress of the disease, and guide us in the treatment.

To illustrate still further the value of auscultation, and in reference to

the organs of circulation, let us take inflammation of the heart and aneurism of the thoracic aorta. There are perhaps no diseases in which physical signs are more valuable than in pericarditis and endocarditis, for in both of these affections of the heart the only diagnostic signs are those furnished by auscultation; and pain, palpitation, oppression, and irregular action of the heart may be either wanting, or may not occur, until too advanced a period of the disease for its successful treatment. Dr. Latham tells us, that previous to the discovery of auscultation, the connection of acute rheumatism with pericarditis rendered its diagnosis pretty well understood, when the symptoms referable to the heart were present; but that when they were wanting, or did not occur until a late period of the disease, it often proved fatal, either from the disease being altogether overlooked, or from the proper treatment being adopted too late. "But," he observes, "the like mistakes could hardly occur now; it is scarcely possible that pericarditis coming on just at the suspected time, and just under the suspected circumstances, could now be overlooked. Every prudent physician, I presume, searches after it day by day with his ear, in all cases of acute rheumatism; and although the heart itself shows no vital consciousness of its ailment, either by feeling or function, by pain or dyspnoea, yet will the mere mechanism of the disease proclaim the fact of its existence to the ear." Endocarditis is a disease which may serve to point out, if possible, still more forcibly the value of auscultation, for previous to the discovery of this addition to our powers of diagnosis, although pathologists were familiar with the valvular lesions which are its effects, they were ignorant of its very existence as an acute disease. Now the diagnosis, at the earliest possible period of this disease, which lays the foundation of the majority of the fatal organic diseases of the heart, is a matter of most momentous importance, in order that the treatment may be adopted sufficiently early to eradicate the disease completely. If one of the tendons of the external muscles; if one of those of the hand, for example, should inflame and become contracted, as sometimes happens, a slight deformity only, or inconvenience in the part, results; but should one of the small tendinous cords which stretch the mitral valve become contracted, or should one of the semilunar valves of the aorta become shortened, thickened, or indurated, from the effects of inflammation, such apparently trifling lesions affecting this vital part of the economy may induce the most complicated fatal organic disease. We should therefore never forget that this endocardial inflammation may occur in the most insidious manner, with little or no inconvenience referable to the heart; and that without auscultation it may be overlooked, and become known to have existed weeks, months, or years after, by the signs of irremediable organic affection of the heart.

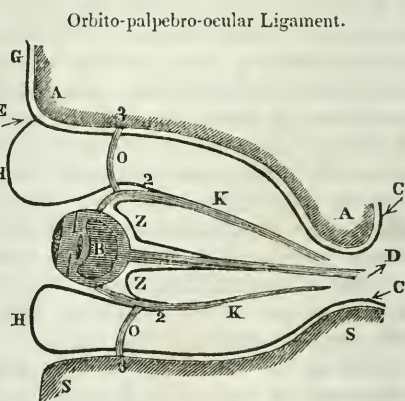
Pain at the heart, palpitation, and irregular action, are symptoms which may or may not be present; but a bellows or endocardial murmur is the most certain evidence of the existence of endocardial inflammation; and, though not invariably present, it may often be discovered before there are any symptoms referable to the heart. The complete removal of the inflammation being of such vital importance in this disease,

in order that permanent injury may be prevented by the earliest possible treatment, physical signs become of the highest value; and Dr. Latham urges upon us never to omit to listen to the præcordial region whenever we visit a case of acute rheumatism. "All," he says, "may seem to be going on well. The general symptoms may be far from severe. The chest may be free from pain. The heart's action may not awaken suspicion by its force or irregularity. Nevertheless its internal lining may be inflamed, and if you listen, the endocardial murmur may convey the momentous fact directly to your ear."

#### ANATOMICAL RESEARCHES IN PARIS.

[THE following letter is from a young American physician, now in Paris, to Thomas Miller, M.D., of Washington. The latter gentleman has kindly forwarded it for insertion in the Journal.]

MY DEAR DOCTOR.—For some time past, I have been occupied in dissections, with M. Richet, prosector of the School of Medicine, and from whom I have gained some new ideas in anatomy, which are presented for your amusement. These are not of any very great importance, but still they are not noticed by any writer, and will be presented to the medical world in a few months, by means of a work on Surgical Anatomy, which is now finishing. My little design has reference to a ligament, called by him, *orbito-palpebro-ocular*. The name is without doubt *tremendous*; but still you will admit, it is the best which could have been applied. Next, the new tendons, which have been discovered as belonging to the recti muscles of the eye. The two are taken in connection in the sketch, and will be noticed in similar description. You observe that the diagram represents a vertical and antero-posterior section of the eye and its orbit. This ligament is the termination of the dura mater which adheres to the cranial bones. Let A A and S S represent the bones of the orbit; at C C we commence with the laminae of the dura mater, already mentioned. H H We follow this along the roof of the orbit and find in it an opening, or rather a little sheath, at 3, to which we will soon return. Following the membrane, designated by the opaque line, to E, we find there is a bifurcation, and that one layer, G, goes upwards, to form the external periosteum of the bones of the head. The line between C and E, then, represents the *orbital* portion of the ligament. We next observe H, which forms a suspensory ligament for the upper eyelid; this is the *palpebral* portion. To prevent any complexity of descrip-





tion, we will notice, for a moment, the new demonstrations of the recti muscles. The old origin and insertion of the superior rectus being left, just as it has always been described; let us notice what is drawn at O. There are, then, two insertions; one upon the globe of the eye, and another, represented at O, going up, through a little sheath, to 3, the upper part of the orbit. The same is observed in the drawing of the inferior muscle, its opponent. This proves, then, that even without the antagonist muscle, the motion of the eye, under the influence of either rectus, is limited by the orbital insertion. So that were one paralyzed, the deviation, produced by the unbalanced action of the other, could never be very great.

Let us now return to our ligament. We have described the *palpebral* portion, H, and will now follow the ligament, in its course. It is next seen, applying itself outside of the *globular* insertion of the rectus muscle, whilst a little sheath permits the passage of O, the *orbital* tendon. Next, the body of the muscle is represented at K, and observe that the ligament also sends a sheath, which is represented as being gradually lost upon it, at 2 2. Next, we have at Z Z, the ligament applying itself to the globe of the eye, represented by B. This is the *ocular* portion of the ligament. After leaving the posterior part of the globe, it is seen passing along the course of the optic nerve D, and is insensibly lost in its course.

This is a very pretty dissection, and is entirely due to the researches of Richet. The dissections were shown at his public course of lectures, and others are deposited in the cabinet of the School. I attempted, some time since, to repeat the observations under his directions; but they were not highly satisfactory, on account of a bad subject and a worse dissector. At any rate, I was enabled to find the new tendons of the recti muscles, and that may be considered something; although I could not find all the turnings of the ligament. I intend, however, to continue these observations on some better-developed subjects. As you will probably repeat them in your private cabinet, I will notice the mode in which he looks for them. The calvarium is sawed off, and then the roof of the orbit knocked in, with a hammer, and in a moment, you are on the orbital portion of the ligament; the rest depends upon patience, a good subject, and a capital scalpel. He also observed that the obliqui muscles are inserted *much further* back on the globe of the eye, than is ordinarily described, and this has considerable influence on the ideas of strabismus, as their action must be thus in a measure changed. Thus, instead of turning the eye inwards, *if the muscle is inserted further* behind, it acts, as in the end of a lever, and turns the eye *outwards* and in an opposite direction. You will see at a glance, the weight of this observation, and have already gone through with it, in your mind.

There is one thing which particularly pleases me in French anatomy; and that is, *their mode of observation* tends to give confidence in what they describe. This they call the *natural mode of dissection*, and most frequently eschew the use of the *blades* of their scalpels. They tear with their fingers and the handle of the instrument. They take, as their

model, the manner in which pus burrows; dissecting along the course of organs, leaving their envelopes intact. When this principle is applied, it certainly gives the best results and the most rational ideas of the anatomy of regions and layers. I can exemplify this mode, in Richet's description of crural hernia, which especially pleased me, on account of its simplicity and evident truth—this I will attempt hereafter. Richet told me, the other day, that this mode of dissection has changed, in a great measure, the anatomy of the perineum, and as soon as I learn it you shall be informed. But this natural mode of dissection proves, without a doubt, that much has been made by the anatomist's knife, and that much must be cast aside, which has been hitherto cherished knowledge. At the present day, anatomists do not cut the brain, they tear it, and thus follow every portion of the organ most perfectly. Longet would no more think of cutting a brain for demonstration, than you would of cutting through a leg and then attempt to teach the muscles on an amputated stump. But of this, more can be said at another time.

Many small points in anatomy may be picked up here, and whilst I am on the subject, I shall give you a question for some of the young gentlemen in the "green box" next spring. "What is the origin and insertion of the orbicularis oris?" Your candidate would open his eyes if you told

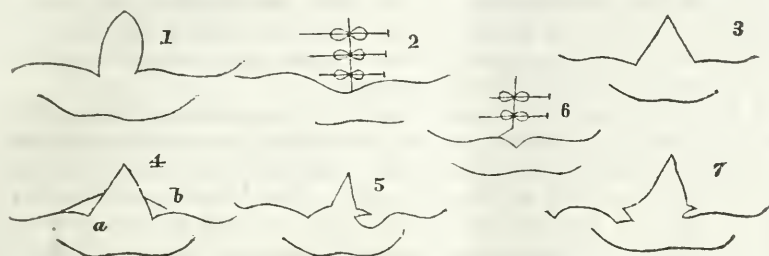


Z Z, zygomaticus major. B, buccinator. D, depressor anguli oris.

him "both zygomatic processes and the bodies of the inferior maxilla!" Yet such is most undoubtedly the case. We used to be taught that it was a true orbicular muscle, and independent of all others; but I will now proceed to give the present notions, with the addition of the little diagram annexed. It is made up, of three pairs of the facial muscles, viz., two zygomatici majores, two buccinatores, and the two depressores anguli oris. Looking at the diagram, we first notice the zygomatici, which we were taught had their insertion at the commissures of the mouth. Instead of this, they go beneath the lower lip, and each meeting in fibre, assist to form the lower part of the sphincter oris. Look next at the depressores anguli oris; instead of terminating also at the commissures, they go along the upper lip, and then by an interlacement of fibres, form, in part, the upper part of the muscle. Next, we look at the buccinatores. The fibres of the upper portion of the muscle of one side, go to the upper lip, and meet there, those of the opposite muscle—while precisely the same is observed in regard to the lower fibres, which have a similar termination beneath the lower lip. Thus, in examining the upper portion of this complex muscle, we find it is composed of the two depressores and half of each the buccinatores; whilst the two grand zygomatici and the inferior halves of the buccinatores, are for the portion beneath the lower lip. This has no particular surgical importance, and is only interesting to you as a practical anatomist.

Whilst I am in this region, it would be as well to speak of the present

mode of operating in cases of hare-lip, and the means of preserving something of the *original beauty* of the mouth. The French surgeons have not been content with getting rid of the hideous fissure in the lip, but are excessively annoyed at the absence, *after* the operation, of the little tubercle in the middle of the upper lip. They actually considered this a serious deformity, and labored for a remedy, until success crowned their efforts. The first method was to pare the edges of the fissure, so that an ovaloid form was obtained; and then, it was hoped, that by bringing the edges together, a nice little tubercle would be made. The in-



cision was then made, as seen in fig. 1; but the application of the twisted suture did not give a result quite as good as you see at 2; so it has been abandoned. The next process is much better, and obviates the difficulty. At fig. 3, you have the edges of the fissure prepared. Next, in fig. 4, at *a*, a little angle is completely cut off, with the scissors. But at *b* on the opposite side, the incision is not carried so far, and the little angle is *left*, hanging by a very small portion. So that at 6, where the twisted suture is applied, you have a nice little tubercle, which serves the purpose finely. But there is still another method. After the first parings are made, the two little angles are left on both sides, as seen in 7, and the same end is attained, though it seems to me that the process described at 5 is preferable, and that adhesion would more certainly take place. This little thing shows how decidedly particular the French surgeons are about a matter of no importance. But at any rate, if I ever have the good fortune to have a pretty *woman* patient, I shall certainly adopt their process. But now let us proceed to the new and simple view of crural hernia, of which I have already spoken in another portion of my letter.

Paris, January 6, 1846.

#### EXTENSIVE WOUND OF THE THORAX—RECOVERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the 21st November, 1845, in the afternoon, Wm. H. Jones, 13 years old, driving one of the whimsey horses on the ore bed, on Palmer Hill, near two miles north of this place, while letting down the empty ore box (the pit being thirty feet deep), and when the box was about five feet from the bottom, a miner called to him to stop. The boy immediately took hold of the dog of the whimsey sweep, so as to



throw it on the opposite side, and counteract the lowering of the chain. But, missing his hold, he was thrown down on his back, his head inside of the ring, and his feet out amongst stones. As he fell, the sweep had turned once, and the dog caught the left elbow, tore the flesh between the fore-arm and humerus, and was thrust through the thorax, passing out at the opposite side and pinning the boy to the ground. The dog is square, about three feet long, seven eighths of an inch in diameter, pointed at the end, and by being worn has three sharp edges, somewhat bent, within four inches at the end; at which place the iron is enlarged, and is one inch in diameter. A man who was near, being frightened, called one from the pit, and as this last one came up, the boy called to him for help. This man pushed the sweep with one knee, and with difficulty disengaged the boy from the ground.

I was called immediately, and found the boy groaning, with a difficult and painful respiration, and on inspiration, the air collected in the cavity of the chest (occasioned by the respiration) would rush through the wounds, especially at the right side. The left-side wound is in a direct line from the nipple to the umbilicus, one inch and a half below the said nipple. The iron, after passing through the skin, moved about one inch on the outside of the ribs towards the pit of the stomach, and entered between the cartilages of the sixth and seventh ribs. The right-side wound is in a line from the left sterno-cleido articulation and right nipple, two inches and a quarter below and outside of the said right nipple. One inch and a half from this spot, towards the pit of the stomach, is the hole between the seventh and eighth ribs into the chest. In both wounds the lower lip seems drawn up so as to close in some measure the holes through the chest, owing to the bend of the dog before mentioned, and resistance encountered in the skin, muscles and ribs.

The chest, in the line of the wounds, measures around  $26\frac{1}{4}$  inches. The boy had bled from his nose, but I could not ascertain that the same blood proceeded from the lungs. The pit of the stomach seemed bloated. He is quite rational and inclined to talk, wants to drink often, and is afraid of dying. He begs not to be bled. The extremities cold, pulse consequently small and slow.

I dressed the wound of his arm, by bringing the lacerated and flabby parts together with strong strips of sticking plaster, and dressed the wounds of the chest with lint saturated in three parts olive oil and one of tallow. Prepared three grains of tart. antim; four drachms of tr. lobelia c.; fifteen drops spt. menthæ pptæ, with six ounces of water. One teaspoonful to be taken every three hours. The bowels had been open, before the accident, in the afternoon. Ordered mustard counter-irritants to the feet. warm applications to the arms and legs, quietness, water or water-gruel for drink and food, and left the patient at 6 o'clock, P. M.

Nov. 22d.—Visited the patient about 11 o'clock, A. M. He was warm, face flushed; pulse quick, 130 in a minute; had been restless during the night; bowels not moved; respiration not so difficult nor so painful; and complains the most of his right side being painful. Dressed the wounds of the chest in the same way as yesterday; perceived

that the right wound was a little watery. The bladder had been emptied several times, and its water was clearer. But the bowels had not been open. Ordered one ounce of Epsom salts in a tumbler of water, and a teaspoonful to be given every hour, and even oftener, according to the thirst, and until the bowels should be acted upon. The antimonial solution to be continued.

23d.—Visited again at 11 o'clock, A. M. Found the patient with face less flushed; skin rather moist and softer; breathing as yesterday; pulse 110; bowels not yet moved, but indication of their being affected, by the rumbling, &c.; urine voided freely, but becomes rather thick and mealy by settling. Dressed the wounds of the chest; no suppuration yet. Looked at the arm; took off the bandage, a part of the lint, and left some adhering to the arm with the sticking plasters; oiled them, and applied the same bandage. Prepared five grains tart. antim.,; spt. menthæ pptæ, fifteen drops, in three fourths of a tumbler of water. A teaspoonful every three hours. Also, one ounce of Epsom salts in a tumbler of water, one tablespoonful every hour, till the bowels are moved. Continue the gruel.

Visited him again about 3, P. M. On account of excitement, flushes on the face seem to come on.

24th.—He is about the same as yesterday. The flushed face was of short duration; rested well last night; to-day pulse 110; bowels not moved yesterday, as expected; great uneasiness; abdomen tender, especially towards the epigastrium. An injection was given, which relieved the bowels of a part of their contents, especially of a great deal of wind. The patient felt relieved. Would like to eat. Nothing is allowed him but gruel. Dressed his wounds. The arm looks well. The wounds of the chest begin to suppurate. Wound of the right side is yet the most painful. The patient feels easier when dressing the wounds; they are open, and the air rushes in or out of the chest. Ordered the same antimonial to be continued, and a mild cathartic (castor oil) to be given in the afternoon.

25th.—The castor oil operated well yesterday, and to-day bowels are free; less pain in general, still complains of his right side being more painful than the other; says that he occasionally feels a darting pain in the region of the diaphragm, at the upper part of the epigastrium. Wounds look well. Wants to eat, but nothing more than a little weak tea to be given, besides the water gruel. Pulse 95. On the whole, he feels tolerably comfortable.

26th.—No alteration.

27th.—The castor oil he took last evening moved the bowels. Pulse 76. Feels hungry, but no alteration in diet.

28th, 4, P. M.—Bowels not open to-day, but no cathartic prescribed; considerable perspiration, especially when he sleeps; pulse 75 to 80; feels hungry. The right side of the chest, between the wound and the pit of the stomach, seems swollen or more raised than the other. This was not particularly noticed before. Allowed him a small cracker in a little weak tea, during the night.

29th.—Bowels not open yesterday nor to-day. Ordered this afternoon a mild cathartic. Face somewhat red; pulse nearly 96. A couple of crackers allowed to-day.

30th.—No material alteration. Pulse 88. Castor oil at night.

Dec. 1st.—Nothing very different. Pulse 80; bowels open. Perceived that the aperture on the right side was getting smaller, threatening to close up.

2d.—The right side swollen yet, but not so painful as it was a few days ago, and runs still. The left side runs a great deal more. Put a tent three inches and a half long, in this last one. Pulse 75. Allowed, besides crackers in weak tea, half a cracker dry, twice a day, to suit the patient's wish.

3d and 4th.—Two or three more crackers allowed.

5th.—Left side runs a great deal.

6th.—Allowed some codfish, boiled tender and fixed in a little milk. Instead of castor oil, aloetic pills sufficient to keep the bowels regular.

7th.—Bowels not open since yesterday. Distress in the abdomen, and complains of not being able to make water. The distress is relieved by passing wind. Ordered three fourths of a teaspoonful of *spt. terebinthinæ* and one tablespoonful of castor oil, with a few drops of spirit of camphor.

8th.—Feels better to-day. Proud flesh in both wounds. The right one is most healed. Proud flesh cauterized with nitrate of silver, and sometimes with red precipitate of mercury.

The boy has gained. The tent was taken off on the 30th, as it could not be introduced more than one inch. Afterwards the left wound, the only one remaining, was dressed with basilicon salve, and healed before a week. On the 3d of January he went out a mile and a quarter, and about the middle of the month he went to school, and since he comes down every day, walking about one mile and quarter, from his father's house, to this school. He is lively, and plays as well and as much as his playmates.

*Remarks.*—The lungs, in this case, were saved by the boy being thrown on his back, and, probably, by their being empty of air. If either of them was hurt, it was the right, which might have been lacerated. But the pleura was perforated on both sides of the chest, and the mediastinum almost to the diaphragm. I cannot conceive that the diaphragm was not lacerated. There is every reason to believe that it was hurt, by the position of the boy, by the course of the iron, by the distention, pain and soreness at the upper part of the epigastrium. If the diaphragm had been cleared of injury, the lungs would have been in more danger.

The greatest danger was, undoubtedly, inflammation of the lacerated parts in the chest, and the remaining of matter in the cavity. For this reason my object has been to keep a free issue from the injured cavities, prevent and counteract the most severe inflammation of the serous membranes of the thorax, not excepting the diaphragm, and probably some other parts. A strict antiphlogistic regimen, with low diet, have been the means of saving this boy.



If this case, Mr. Editor, can interest any of your readers, I shall be happy in having contributed it to your valuable Journal.

Au Sable Forks, Clinton Co., N.Y.

Respectfully yours,

Feb. 1846.

F. I. D'AVIGNON.

### CAUSE, NATURE AND TREATMENT OF WESTERN FEVERS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following items are respectfully submitted for publication in your Journal.

1. Marsh miasm is a subtle virus, and the material agent that produces the various (so called) bilious fevers of the West.

2. This poison is inhaled, enters the circulation, and acts as a disturbing cause in the system of nutrition.

3. It destroys the healthy balance between composition and decomposition, or assimilation and metamorphosis, diminishing or entirely suspending the former, and morbidly increasing the latter.

4. The metamorphosis of the vital tissues does not result in the formation of cholic acid and urate of ammonia, or proper bile and urine, but in an *abnormal* transformation.

5. The transformation of the living organism does not consist in the oxidation of its constituent elements, and the consequent formation of carbonic acid matter and animal heat, as is the case in inflammatory fevers and those of high reaction.

6. For want of centrifugal force, or in consequence of the sedative influence of the poison, this mass of transformed animal matter with the blood is accumulated in the central vascular system, and in consequence of a deficient hæmatosis the blood is rendered dark and thick.

7. Congestion consists in an overloaded state of the vascular system with this impure blood, and an engorged and obstructed condition of the liver, and a consequent determination of blood to the head.

8. The brain, in all cases of portal congestion and hepatic obstruction, suffers in consequence of a deficient inferior circulation, while the balance is thrown upon the brain, constituting what might with propriety be called *hyperæmia of the encephalon*, which may, and in fact often does terminate in inflammation of this organ in fatal cases of congestive fever.

9. There are three grand indications to be fulfilled in the treatment of congestive fever, whether of the intermittent, remittent or continued form; viz., 1, recall the circulation to the surface and extremities; 2, stop the *morbid* metamorphoses of the vital tissues; 3, unload the liver and keep up a free discharge of "bilious matter" (?) until the blood is renovated.

10. The first indication is fulfilled by the use of stimulants, externally and internally.

11. The second, by the introduction into the system of some eutrophic agent, such as quinine, salacine, arsenic, &c., which will act on the system of nutrition, neutralizing the poison or fortifying the vital

powers against the chemical, or the force of assimilation against that of transformation, and thereby restore the balance between these two opposing movements in the animal economy.

12. The third and last indication is fulfilled by emetics, deobstruents and laxatives. Ipecac. makes the best emetic; calomel the best deobstruent; castor oil, rhubarb and jalap, the best cathartics.

13. Drastic cathartics should generally be avoided, especially in the first stage of the disease. They do hurt by irritating the mucous membrane of the alimentary canal, and therefore increasing the congestion by diminishing the centrifugal force, or rather by increasing the centripetal; also by producing a serous discharge from the portal capillaries without acting particularly upon the liver, thereby rendering the blood in the portal vessels more thick and gluey, which is already too much so to circulate readily through this organ. At the same time severe purging tends powerfully to debilitate the patient, without the least possible gain in the first stage, except it unloads the bowels of fecal matter. But in the latter stage of the disease, after the "bilious matter" is discharged in large quantities into the bowels, it is necessary to give pretty active and frequent cathartics.

14. Profuse perspiration is of no use, but on the contrary it thickens the blood and debilitates the patient.

NOTE.—I have known patients, almost destitute of fat, laboring under congestive fever, to lose five pounds in weight a-day for several days in succession; and the only secretions that were materially increased, were those of the liver and bowels. The discharge was homogeneous, mostly black, and of a semi-fluid consistency. The respiration was slow and oppressed, and the surface and extremities cool; the pulse slow and soft. Now if the tissues did not pass off through the liver and bowels, where did they find their exit?

H. HUNT, M.D.

*Delavan, Wisconsin, Jan., 1846.*

#### ANEURISM CURED BY GALVANO-PUNCTURE.

[PROF. J. C. CROSS, late of the Transylvania University, writes from Paris as follows, respecting a new mode of treating aneurism. His letter is published in the *Western Journal of Medicine and Surgery*.]

M. Petrequin has made a publication on this subject, of which the following is a summary analysis. The author states that when we consider the danger which an operation for aneurism involves, any safe means by which we may dispense with it, must be considered a great conquest. The following are some of the results of his analysis of the operations that have been performed for this disease, when affecting the principal arteries. He thinks, one-sixth at least, of those operated on for aneurism of the crural and primitive carotid, die; of the external iliac, one-fourth; of axillary and subclavian, one-half; of the branches of the brachio-cephalic trunk, two-thirds, &c. This being the case, we may form some idea of the value of a process not only more simple, but one devoid of danger. The application of electricity, says M. Petrequin, has been

suggested, but no advantage has resulted from it, and all that the science furnishes on the subject is to be found embodied in the following lines written by MM. Marjolin and Berard, in 1833. "They have endeavored to induce a coagulation of the blood in the sac by electricity transmitted through needles plunged into the tumor. *This idea*, which originated with M. Pravaz, has not yet, to our knowledge, been reduced to practice." To satisfy himself on the subject, Petrequin addressed Pravaz, from whom he learned that it was nothing more than a speculative thought which researches on another subject had inspired, and that he had never performed experiments on man or animals to test its practicability. Petrequin experimented upon human blood immediately upon its abstraction, and the results obtained were so satisfactory as to induce him at once to make application of it to the cure of aneurism. The case in which it was first employed and with success, was a traumatic aneurism of the temporal artery of the size of an almond, of a soft consistence and slightly sensible on pressure. Every precaution was taken to determine the precise nature of the tumor, and that it was aneurismal there could not be the least doubt. In the presence of many persons two fine, sharp steel pins were plunged into the tumor about four-fifths of an inch, in such a manner as to cross at right angles. A communication was established between the heads of the pins and the poles of a pile. The first instant of contact produced a shock and severe pain, which went on increasing as the galvanism was augmented, until they became so intense as to render it necessary to suspend the sitting. The duration of the galvano-puncture lasted about ten or twelve minutes, and in that time the direction of the galvanic current was changed three times. During the operation the pulsations progressively diminished, until at length they ceased entirely. The pulsating aneurism was replaced by a solid and hard tumor, which at the expiration of ten days, was being gradually absorbed. This cure was considered radical. Now, M. Petrequin thought that he had fully established the priority of his claim to having first practised galvano-puncture for aneurism when he consulted Pravaz and obtained from him the assurance that he had never tried it; but he was mistaken. At a meeting of the Academy of Sciences, on the 8th of December, we were surprised, if not amused, to find that a letter had been received from Mr. B. Phillips, of London, who claims over M. Petrequin, of Lyons, the priority of the employment of galvano-puncture in cases of aneurism. The profession will doubtless rejoice to learn that they are not disputing over the skin of the bear before the bear is killed.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, APRIL 22, 1846.

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*Transactions of the Philadelphia College of Physicians.*—Nothing more effectually raises the reputation of scientific men or institutions,



than giving to the world frequent published abstracts of their labors. Out of sight out of mind, is certainly true in this generation. Yet in the face of this truth, there are associations, here and there, indulging the satisfactory supposition that the welkin rings with their importance, although not a member of the Sanhedrim of exclusives will transmit his name beyond the boundaries of his own residence. To command respect, gain the public attention, and confer the benefit which the scientific man has it in his power to bestow, frequent reports should be made, without which, a light might burn under a bushel till doomsday, and no one be the wiser for it. Are there any such non-committal, non-publishing societies in Massachusetts!

A summary of the Transactions of the College of Physicians of Philadelphia, embracing the time from November to March, 1846, making 416 octavo pages of published matter in the whole, is of much value in the archives of medicine. If all the Fellows contribute books as liberally as Drs. Bond and Wood, a library will soon be founded of no small dimensions. Dr. Warrington's report on midwifery is not only elaborate, but abounds with instructive thoughts and facts, creditable to his industry. Next, Dr. Moore's on meteorology and epidemics, may be studied with profit by all orders of practitioners. May we always be favored with such registers of the progress of medical science in the good city of Philadelphia.

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*Dr. Gibson's Valedictory.*—No higher compliment can be paid by a Journalist than to copy liberally from the literary productions of authors. Last week an extract was taken from Dr. Gibson's Valedictory Address to the class of medical graduates in the University of Pennsylvania, both on account of the merit of the observations, and to show our personal respect for an eminent public teacher. Those into whose hands the pamphlet may fall, will discover many excellent thoughts in it, modestly, yet vigorously expressed. Dr. Gibson is not a believer in half-way measures in studying for the profession. His sentiments are in harmony with all the leading minds—that a medical education is never completed. *Live and learn* should be the motto of all orders of practitioners.

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*Discovery in the Laws of Physiology.*—A paper out West, called The Morning Herald, promulgates the happy discovery, that physiology was nothing but chaos till Dr. Buchanan, the lecturer on phrenology, mesmerism, &c., opened the concealed avenues to the brain. The following extract will show the way in which the discoverer is to be immortalized in a penny paper:—

"Physiology has heretofore presented a strange deficiency in the most important department. The physiology of the brain was almost entirely unknown. The phrenological functions are but half, and by no means the most important half, of its offices, in a practical point of view. The physiology of the brain, or the explanation of the effects of its various organs upon the circulation, secretion, &c., which constitutes the key of physiology, is a new science, occupying an unexplored field, and exclusively the discovery of Dr. Buchanan. As a specimen of its principles we would remark, that discovery of the circulation of the blood by Har-

vey, presented but a single obvious mechanical fact, and gives no explanation of the laws which modify that circulation to produce health, disease, and all the organic actions of the human body. The laws of this circulation in every part, of the modification of the pulse, and the vigorous performance of each function, are fully developed by Dr. Buchanan's system of cerebral physiology. If, then, we have received from Dr. Buchanan a profound system of phrenology, which is as great an improvement upon that of Gall, as the physiology of the present day is upon that of Hippocrates, we deem the discovery an important event in the history of man. This discovery, however, is perhaps less important in its results than the development of a system of physiology based upon the action of the encephalon, which constitutes a solid foundation for the science of medicine."

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*Spring Physic.*—One of the ridiculous popular errors extensively prevalent in New England, is that *spring is the time to physic the blood!* People of excellent sense, who are worldly wise in most things, bow in humble obedience to the old whim, that the whole family, from father to the infant muling and puking in the nurse's lap, must have the blood physicked when the buds begin to swell. Various roots are ordinarily collected from the forest, all of which are considered highly proper for the purpose; and without much reference to their specific medicinal properties, are all boiled together, and the liquor, when strained, is called diet drink. Of this, efficient doses are daily given, whether the consumer is sick or well, till some one conversant with the rationale of the process, decides that the blood has undergone *sufficient* purgation, when the potations are suspended till the return of another season.

The favorite belief that the blood is actually cleansed by certain salmagundi compounds of domestic manufacture, is not easily removed from the minds of some very sensible persons. Old family maxims in regard to the preservation of health, inculcated and illustrated by venerable mothers, cannot be readily effaced. All the medical science of modern days, upheld by men of profound attainments in the laws of diseases, cannot materially change the popular sentiment, that it is a good thing to *physic the blood every spring!*

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*Epidemic Erysipelas.*—Dr. Tuttle, of Littleton, N. H., incidentally remarks, in a letter recently received from him, that "Erysipelas, which prevailed so extensively and so fatally in the winter of 1843 in this vicinity, and across the Connecticut river in Vermont, has made its appearance again in this (Littleton) and the adjoining towns. Four puerperal cases have terminated fatally within two weeks—the patients all attacked within forty-eight hours after confinement, and died in three days."

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*Cure for Rheumatism.*—A worthy, kind-hearted gentleman assured us the other day, that he was in possession of a never-failing remedy for rheumatism, in all its protean forms. It was this: carry a bit of brimstone in the pantaloons pocket, habitually, and never be without it. On asking for an explanation of the principle upon which the disease was either cured or kept at bay, he at once solved the problem by saying the sulphur was absorbed by the blood, the seat of the malady!

*Eclectic Medical Institute.*—They are as revolutionary in matters of medicine in Ohio, as in the city of Boston. There are very good citizens here, who believe that physic is dangerous even for dogs—others take it only in homœopathic doses. Some love hydropathy better than bread and butter, and never hesitate to swallow anything, provided it is scientifically mixed in cold water. At Cincinnati, another *reform* school has been ushered into being, presumed to be of the ultra order, blazing with new light, which is neither Thomsonism or Becthism, but something that goes in between the two, and entirely at war with the established doctrines taught in all the accredited medical institutions of this country and Europe. This is inferred from the circumstance of its being called the *Eclectic Institute*. In this school, Dr. J. R. Buchanan, the neurologist, has been appointed professor of Physiological Institutes of Medicine and Medical Jurisprudence.

*Ellis's Medical Formulary—Correction.*—The publishers of this work respectfully request those persons who have the seventh edition, to correct a typographical error for the "*medicated hydrocyanate of potassium*," at page S3; wherein the symbol for an ounce is used in place of that for a drachm. The following is the correct prescription, and corresponds with the proportions directed in all the previous editions of the work: R. Potassii hydrocyanici medicati, 3j.; aquæ destillatæ, Oj.; sacchari purificati, 3 iss. Fiat solutio. Dose, a table-spoonful, night and morning.

*Origin of Public Registration.*—According to Mr Shattuck, "Geneva was one of the earliest cities to establish a system of registration of births, marriages and deaths. Registers were begun as early as 1549, and have since been continued with great care. They are viewed as preappointed evidences of civil rights. The registration includes the name of the disease which caused the death, entered by a district physician, who is charged by the State with the inspection of every person who died within his district. A second table is made up from certificates setting forth the nature of the disease, with a specification of the symptoms, and observations required to be made by the private physician who may have had the care of the diseased. These registers have been frequently examined. I have before me the results of an examination made by Edward Mallet, a very able work, published in the 'Annales D'Hygiene.' From this work it appears that human life has wonderfully improved since these registers were kept. The number of years which it was probable that every individual born would live, appears in the different periods as follows:

| Period.      | Years. | Months. | Days. | Rate of Increase. |
|--------------|--------|---------|-------|-------------------|
| 1550 to 1600 | 8      | 7       | 26    | 100               |
| 1600 to 1700 | 13     | 3       | 16    | 153               |
| 1701 to 1750 | 27     | 9       | 13    | 321               |
| 1751 to 1800 | 31     | 3       | 5     | 361               |
| 1801 to 1813 | 40     | 8       | 10    | 470               |
| 1814 to 1833 | 45     | 0       | 26    | 521               |

*National Medical Convention.*—At a call meeting of the Medical Society of Tennessee, held at Nashville on the 4th inst., for the purpose of appointing delegates to a National Medical Convention to be convened at



the city of New York on the first Tuesday in May next, the following resolutions were adopted:—

*Resolved*, That we approve of the call, by the New York State Medical Society, for a National Medical Convention, whose object shall be the consideration of the best methods for the advancement of medical science, and the elevation of the medical profession in the United States.

*Resolved*, That thirteen members of this Society be appointed to attend said Convention.

The following members were then elected delegates, viz., Drs. Robert Martin, W. H. Cheatham, B. W. Avent, Jno. B. Hays, and G. H. J. Mayfield, of Middle Tennessee; Drs. Wyat Christian, H. R. Robards, Jackson, of Jackson; Dr. A. H. Smiley of West Tennessee; and Drs. Ramsey, Price, Locke and Deadrick of East Tennessee.

On motion of Dr. Winston, it was

*Resolved*, That any member of the Society, who may be present at said Convention, be authorized to represent the Society, and aid in carrying out the contemplated designs.—*Nashville Whig*.

*Louisville Medical Institute*.—At the eighth public commencement in the Medical Institute, held on the 9th of March last, the degree of Doctor of Medicine was conferred on seventy-three young gentleman, who had undergone satisfactory examinations before the Faculty, and otherwise complied with the requirements of the institution. Of this number, twenty-one were from Kentucky, seventeen from Tennessee, eleven from Mississippi, and the remaining twenty-four from nearly half that number of States.

The valedictory address to the graduates was delivered by Professor Miller, and was appropriate, judicious and eloquent. It inculcated in forcible language the code of ethics which must be observed in the professional intercourse of medical men, if they would have peace among themselves, or enjoy the respect of society. It urged with especial emphasis the duty of the physician to respect the professional character of his brethren, and never by word, look or action attempt to disturb the confidence reposed in them by their patients.

The *honorary* degree of Doctor of Medicine was at the same time conferred on Mr. Josiah Gregg, of Missouri, author of "Commerce of the Prairies"; on Dr. A. W. Chapman, of Apalachicola, Florida; and on Dr. John S. Lewright, of Kentucky.

Robert M. Spencer, M.D., of Kentucky, a graduate of the Medical Department of Transylvania; J. H. Crews, M.D., of Ohio, a graduate of the Medical College of Ohio; and Geo. A. J. Mayfield, M.D., of Tennessee, a graduate of the University of Pennsylvania, were admitted to the "*ad eundem*" Degree in the Medical Institute.—*Western Med. Journal*.

ERRATUM.—In last week's Journal, page 213, line 12, for "fresh ridicule," read facile ridicule.

*Report of Deaths in Boston*—for the week ending April 18th, 48.—Males, 27, females, 21. Stillborn, 9. Of consumption, 13—smallpox, 1—scarlet fever, 3—throat distemper, 1—erysipelas, 1—inflammation of the bowels, 2—gravel, 1—infantile, 3—dropsy of the brain, 4—rheumatic fever, 2—dropsy, 1—old age, 1—accidental, 1—convulsions, 1—measles, 4—inflammation of the lungs, 3—marasmus, 1—bilious fever, 1—hooping cough, 1—drowned, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 9—between 20 and 40 years, 12—between 40 and 60 years, 11—over 60 years, 3.

*Baltimore College of Dental Surgery.*—The annual commencement of this institution for conferring the degree of Doctor of Dental Surgery, was held on the evening of February 17th, in the presence of a crowded audience.

The exercises were opened with prayer by the Rev. Dr. Dorsey, after which the band played a tune, when commenced the interesting ceremony of conferring the degree, which was done by the Dean of the Faculty, calling up in alphabetical order the several students who were to receive this honor—when after announcing the States and counties of each one's residence, together with the subject matter of their several theses, the authority for conferring the degree was then read, after which the diploma of the college was presented to each by Dr. John Harris.

Music again enlivening the scene—Prof. C. A. Harris then rose and addressed the graduates in reference to the new theatre of action upon which they were about to embark, and warned them of the responsibilities, duties, and obligations which would constantly claim their attention.

After the address, Mr. Clarkson, one of the graduating class, arose, and in behalf of his fellow graduates and the dental class, returned their thanks to the Faculty for their unremitted efforts to instruct them in the several branches of dental science, together with the kindness and attention uniformly extended to them.

There were nine received the degree—the largest number since the foundation of the college, and it may not be uninteresting to state here the names of the graduates, with their residence and theses. They are as follows, viz.—

Wilkes Allen, Massachusetts; Diseases of the Maxillary Sinus. Stephen Parsons, Georgia; on the Extraction of Teeth. E. P. Burroughs, Canada; Morbid Effects of Diseased Teeth. R. W. Clarkson, N. Jersey; Healthy and Morbid Sympathy. Wm. F. Bason, N. Carolina; Preservation of the Temporary Teeth. A. Baldwin, M.D., Alabama; Constitutional Effects of Diseased Teeth. J. W. Neil, London; Morbid Effects of Diseased Teeth and Gums. V. M. Swaze, N. Jersey; on the Extraction of Teeth. John Locke, Pennsylvania; on Filling Teeth.—*Journal of Dental Science.*

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*Case of Monstrosity.* By SAMUEL TYLER, M.D., of Frederick, Maryland. Sept. 8th, 1845. My father being called to a lady of this place in labor, made an examination per vaginam, when he discovered there was a placental presentation. Upon the removal of his hand, a strong uterine contraction caused the expulsion of the placenta. Renewing the vaginal examination, he discovered a soft pulpy mass in contact with the finger; but before he had time even to imagine what this abnormal presentation could be, another strong uterine effort expelled a fœtus presenting the following peculiarities: viz. Total deficiency of parietal and occipital bones; the frontal and temporal only partially developed. The brain was perfect; enveloped in its membranes, the dura and pia mater. A total absence of the seven cervical vertebræ, the imperfect head being placed immediately upon the rest of the superior column which presents two distinct sets of spinous processes to the extremity of the sacrum. Whether the bodies of the vertebræ are distinct and separate, or blended into one confused mass, I am unable to say. The thorax and abdomen were normal.—*American Journal of Med. Sciences.*

## BRONCHITIS.

A Lecture by J. A. Swett, M.D., at the New York Hospital, March 12, 1846.

*Primary Acute Bronchitis.—Capillary Bronchitis.—Secondary Acute Bronchitis.*

THE bronchial tubes commence at the bifurcation of the trachea, and terminate in the air-cells of the lungs. They are lined with a fine, delicate mucous membrane, which extends throughout the tubes, and gradually becomes converted into a serous membrane in the air-cells. Underneath this membrane, there is a dense cellular tissue connecting it closely with the tubes. These tubes are fitted with cartilaginous rings, which, however, are not quite perfect; and, in the interspaces between these rings, lays the muscular coat. As you follow the tubes into the lungs, these rings become less distinct, and they finally disappear, after which the muscular coat, by becoming more extensive, supplies their place. This has never certainly been demonstrated in the human subject, but it has been in the horse and other large inferior animals. Thus we come at two important facts, with regard to the bronchial tubes, viz., that they are lined with a mucous membrane, and that they have muscular coats.

This mucous membrane is liable to an acute inflammation, constituting what is called *acute bronchitis*. In examining the lungs of those who have died of this disease, at the first view you will probably find nothing that will attract particular attention; in examining the pleura, you will see nothing abnormal, the natural color, crepitation, and softness existing; but in cutting across it, and pressing the tubes with your finger, you will notice an exudation from them, of frothy mucus, or muco-purulent matter, sometimes white, sometimes yellowish, and sometimes more or less tinged with blood. The tubes also present, internally, a peculiar redness; this redness is commonly situated in the sub-mucous cellular tissue, and appears through the thin and transparent mucous lining covering it. Sometimes this redness is intense, and of a uniform appearance, but it generally appears in spots of the size of a six-pence, which, on close examination, is found to be induced by many small vessels running together. Again you will find it composed of tortuous lines, which are not arborescent—not connected with any particular trunk; or finally, it appears as minute points.

This redness is an important sign, though frequently, in *post-mortem* examinations, it might appear difficult to tell whether it arises from ve-



nous congestion dependent on retardation of the circulation, or from inflammatory congestion. In cases of the latter, arborescent lines seldom appear as in the venous congestion, where it always commences in the large trunks, and goes on to the small branches; of course, being arborescent, in proportion to the amount of congestion. In venous congestion, therefore, you will find that only the large trunks are affected; but in inflammatory congestion, the changes begin in the capillaries and spread towards the larger trunks, thus accounting for the different appearances. To those who wish to form an accurate diagnosis, it is very important thus to discriminate between the venous or passive, and the inflammatory congestion. If the inflammation has been very intense, there may be a slight opacity in the mucous membrane after death; but if there has not been, this opacity will not be present. Generally speaking, there is neither much softening or thickening present, though when the inflammation is of long standing, it may be apparent, but this membrane is so delicate, that it is very difficult to say whether softening exists or not; usually, there is none, and this allies the inflammation to that peculiar to serous membranes, which are not usually softened. Redness, then, and the peculiar injected appearance in bands, or lines, or spots, with an accumulation of opaque mucus, constitutes the chief characteristics of bronchitis. This disease almost universally affects both lungs, and to the same extent; and this is, by no means, an unimportant fact in the study of these affections.

Bronchitis may be either a primary or a secondary disease; that is, it may come on alone, or appear during some other inflammatory affection. Simple acute bronchitis is so well known from the personal experience of all who hear me, that it will be almost superfluous for me to describe it. The patient is first attacked with a stuffing sensation in the nose, febrile symptoms, loss of appetite, followed by soreness of the throat, and hoarseness; a dry, hoarse, loud and ringing cough, and dyspnœa. The febrile symptoms generally continue about four days, when they pass over, in a great degree. The expectoration, during this time, has become a frothy, transparent mucus, which increases in quantity until about the tenth day, when a gradual change takes place in it, and it changes to an opaque and yellow mucus. This is attended with much relief to the patient, the fever entirely subsides and disappears, the pulse falls to the natural standard, the dyspnœa that had been felt abates, the cough which had been severe before, inducing the soreness in the chest, becomes easy and moist in proportion to the change in the character of the expectoration; this latter change lasts, perhaps, two or three weeks, when the expectoration and cough both disappear entirely, and the patient has recovered. This disease is very mild indeed, and though the lassitude and indisposition that attend it during the first few days, are such as to keep the patient confined to his room, still a physician is rarely consulted on the subject, and towards the end of it, the patient is generally able to attend to his business, though of course he runs a certain risk.

We have another form of bronchitis in children, which is more severe

than that which occurs in adults : with the latter it seldom penetrates to the minute bronchial tubes, and thus in them the oppression and other constitutional symptoms are less decided. The nearer you get to the air vesicles, of course, the nearer you approach to pneumonia, and this, the *capillary bronchitis* of children, does approach it very nearly. It is vastly more serious than the common bronchitis. The patient is attacked much in the same way as in the former, but in a very short time violent febrile reaction takes place, a dry, fatiguing cough, with lividity of the countenance, indicating that the blood is imperfectly oxygenized, on account of a high degree of congestion of the lungs ; all this is caused by the smaller tubes being attacked. In children, also, the constitutional symptoms are always more severe than in adults ; in fact, nothing can be more serious to a fat healthy child, than this capillary bronchitis, and what adds to the danger is the fact, that it always attacks both lungs. The invariable law in pulmonary disease is, that where there is disease of one lung only, there is far less constitutional trouble, than when the disease is divided between the two. The reason of this is, very plain. The disease exists not only in the parts immediately affected, but portions more remote are crippled in their action. For instance, inflammation of the lower part of a lung will cripple the whole of it. These are the reasons of the serious and fatal character of this form of bronchitis.

Again, there is another form peculiar to old people, though not entirely confined to them. As a general rule, adults will have either the simple or capillary form, and sometimes the form I am now considering, but in general, it is confined to old people ; it is therefore called *senile bronchitis*, or *peri-pneumonia-notha*, and its leading feature is the copious secretion of thin mucus into the small tubes running into the vesicles. After death the lungs are generally very oedematous, and on cutting them across, an abundant frothy serum will rush out. This form is ushered in with the usual symptoms that attend the other forms, but in a short time the patient becomes comatose, owing to the oxygenation of the blood being imperfectly carried on ; a harassing cough, with difficult expectoration, a dry tongue, with symptoms of prostration, are present towards the end. This disease is very generally fatal.

What are the physical signs during the early stage of bronchitis ? While the patient is suffering from febrile re-action, and the dry cough is present, on examining the chest you will find it resounds well all over on percussion. What you do hear of the respiratory murmur is quite natural ; sometimes it is a little feeble in consequence of the congestion of the tubes ; it is, however, often masked by the mucous rattle, or by a ronchus. Sometimes you will find it cease entirely, when a bronchus of any size is obliterated by thick mucus in its cavity ; but its ceasing thus, does not occasion any dullness on percussion, because the vesicles are still full of air. This blocking up, of course, produces the greatest distress and difficulty in breathing, but it generally is merely temporary, the action of coughing quickly ending it by removing the mucus. When a gradual obstruction takes place in the lungs, it is not

attended with so serious symptoms of oppression, as the supplementary action of the rest of the organ has time to as gradually accustom itself to its extra labor; but in these cases of sudden obstruction, this supplementary action cannot be taken on so readily. In this stage you generally have also the sibilant or sonorous ronchus over the posterior portion of both lungs, and the predominance of one or other will indicate the order of tubes principally affected. I have already described these sounds to you, and explained that they are caused by distinct vibration of a partially obstructed tube, and that the size of the tube principally determines their character. In the smaller tubes which are invested with a distinct muscular coat, the sibilant ronchus results from the spasmodic contractions of this muscular coat, and like other spasmodic actions, is, of course, intermittent and changeable. Again, a thick pledget of mucus may produce ronchi, by partially obstructing the tubes; but I have my doubts if they are often produced by such a cause. In early stages of the disease, it frequently exists where the mucus is thin, and not favorable for the plugging up a tube, and whose irritation would be more likely to bring on a spasmodic action, and, as its effects, the sibilant ronchus. In the latter stages, these cease and become mixed with the mucous rattle, which I have already explained to you, and, as the expectoration changes its character and becomes yellow and opaque, so this rattle establishes itself, gradually taking the place of both the sibilant and sonorous ronchi, until you finally hear it at the base of both lungs behind, without any ronchus at all. One most important diagnostic mark is, when you hear the mucous rattle at the base of *one lung only*, you may be sure it is not bronchitis—it is probably pneumonia. This rattle does not exist in every case of bronchitis, but when it does it is *always at the base of both lungs*, but from that you must not infer that the inflammation present is confined to that spot. There are two reasons why the rattle should take place there: one is, it is the most dependent portion; and another, that it is the most difficult part from which to expectorate the secretions; thus, a certain portion readily remains behind, and gives rise to the mucous rattle; the length of the tubes leading down to this portion, is also another reason. The amount of secretion, sometimes, is not sufficient to generate the rattle where inflammation exists; thus, the not hearing it is no evidence that bronchitis does not exist—it is only a sign that it is not severe. The sonorous and sibilant ronchi are much more general than the mucous rattle; we find it more abundant posteriorly than anteriorly, though it may exist all over the chest to a certain degree; the mucous rattle, also, and its extent and locality, will indicate the comparative severity of the case.

In capillary bronchitis the signs are the same as in the ordinary form, but more aggravated; in fact, so great is the inflammation and thickening of structure, that the patient may die of asphyxia, consequent upon the non-oxygenation of the blood, before an abundant secretion is established: but if the second stage comes on, and the mucous rattle is established, it exists, as I have already stated, at the base and posterior portion of both lungs, being, however, of a finer quality, as here the smaller tubercles are the seat of the disease.



In many cases, there exists hardly any mucous rattle during expiration; from its approach to crepitation, it has been named the sub-crepitant rattle. It is not connected with any dullness on percussion. This form, capillary bronchitis, is apt to run into pneumonia, so that if in the course of the attack, you find a certain degree of dullness, the rattle growing finer, and bronchial respiration developing itself, you may be sure the air vessels are getting affected, and that pneumonia is appearing. Thus so long as you have the sibilant and mucous rattle, it remains simple bronchitis; but gradually developed dullness at the base of the lung, bronchial respiration and crepitation, show the disease is passing to pneumonia.

In the acute bronchitis of old people, attended with the exudation of serum in the bronchia and air-cells, the disease develops itself with the ordinary lymph tones, accompanied by obscure pains in the chest, much dyspnoea, harassing cough, with difficult expectoration, and with a disposition to coma and other typhoid symptoms. Here a fine sub-crepitant rattle may be followed by some dullness on percussion, as the substance of the lungs becomes loaded with serum.

Bronchitis is frequently a secondary affection, that is, it develops itself in the course of other diseases, particularly those where a febrile re-action exists. There are two important phenomena connected with secondary bronchitis: one is, that it is extremely apt to be latent, that is, unattended by any cough, or premonitory symptoms; and the other is, that instead of attacking the usual portions of the lungs, which are the posterior and inferior parts, it is apt to be universal. It is usually present in continued fever, without any of the usual symptoms, but is distinguished by its universality and indisposition to pass into the second stage; in fact, many of those cases that are reported as congestion of the lungs, and which terminate fatally, are congestions of the bronchial tubes. In eruptive fevers, we also have bronchitis as an attendant; thus, in measles, smallpox, &c., where all know, one danger consists in the secondary inflammation of the lungs, of which bronchitis is always a preceding condition. Diseases of the heart in their advanced stages, and chronic cases of emphysema, are frequently complicated with attacks of acute bronchitis; for instance, asthmatic patients easily take cold, and will suffer severely in their symptoms; but proper treatment, by removing the sonorous and sibilant ronchus, and inducing the mucous rattle with the establishment of a free opaque mucous expectoration, will produce the greatest relief.

This form of acute secondary bronchitis occurring in diseases of the heart, and in emphysema of the lungs, constitutes what has been called suffocative catarrh, and described as a primitive affection, while in truth primary bronchitis is rarely suffocative in its character, unless at times, when it assumes the character of capillary bronchitis in children.—*N. Y. Medical and Surgical Reporter.*

## PROLAPSUS ANI SUCCESSFULLY TREATED WITH NITRIC ACID.

By S. Pollak, M.D., St. Louis, Mo.

Mrs. H. aged 30, always enjoying good health, regularly menstruating until the premature birth of her first and only child about fifteen months ago. Since then she has been subject to hemorrhoids and was treated accordingly. She used to reside in the south, and came to this city to live in July last. She applied to me "to give her something for the *piles*," without wishing to submit to an examination. Upon the authority of her southern medical attendant, and her own positive assertion, I prescribed for them: but as may be expected without benefiting her. She said she could not go about conveniently, sitting down was attended with pains on account of the protuberances about the anus, which protrusions were extremely painful to the touch, and bled nearly every time she evacuated the bowels. I suspected there might be a complication of maladies, and proposed an examination, but she could not be induced to submit to it. Walking about and other physical exertion was extremely painful to her. She still kept up, however, until about four weeks ago (about the middle of February), when her sufferings became beyond endurance, and she at last consented to submit to an examination. I found what I anticipated, *an enormous prolapsus of the rectum, of at least four inches*. The mucous membrane had assumed the nature of the external skin, but very much thickened. The tumor greatly interlaced with veins, very hard and sensitive to the touch. Evacuations caused great suffering, but the unremitting tenesmus kept her constantly upon the *pot de chambre*, making mostly vain efforts to evacuate the bowels.

I made repeated but unsuccessful attempts at re-position; there was no stricture of the sphincter, I could pass it with my finger with facility; the difficulty arose solely from the tumefaction and degeneration of the mucous membrane of the rectum. I scarified the tumor, hoping to subdue by this topical depletion the inflammation, and to reduce its size; but all in vain.

I ordered warm fomentations, which were diligently applied for 36 hours, but no impression was made upon the tumor. Reduction in its present state was impossible, and even if reduced, the large degenerated mass of membrane could not possibly be retained within the narrow space of rectum, without causing by its pressure severe pain (which the sequel amply proved).

I determined therefore to remove the tumor altogether. She would not consent to have it extirpated with the knife; I concluded therefore to allow it to slough off. For that purpose I rubbed it by means of a piece of lint with pure *nitric acid*, covered it with a well-oiled compress and a warm cataplasm. This application caused very little pain. Next day, suppuration had commenced in many places, the tumor somewhat reduced. I repeated the touches with the nitric acid, which this time were followed by strong burning sensations, and dressed it as before. I gave an opiate, as well for the purpose of preventing evacuations as of lulling the pains. On the following day, the tumor was

reduced to one third its original size, abundantly suppurating, quite soft, not painful.

I now thought that re-position might be reasonably attempted, as the sloughs could not pass off, the cicatrization proceed better within than without, and at once relieve the patient of at least the loathsome appearance of the malady. The reduction was readily effected, and the prolapsus retained by means of well-oiled pledgets of lint and a T bandage. But I was premature in this operation. The tumor, although quite soft, and one third its original size, was still too large for the limited space within the rectum. A violent tenesmus, and a burning sensation (probably owing to the denuded surfaces of the mucous membrane coming in contact), was the immediate consequence. Warm fomentations and opiates gave only partial relief, until by increased suppuration and continued sloughing the tumor had still more diminished in its diameter. Four days after, the bowels were spontaneously evacuated, when again the rectum partially prolapsed. She did not return it, and I had thus an opportunity to examine her again.

The mucous membrane within the rectum was soft, smooth, with the exception of a few small spots, much lubricated, but the small protruded portion was yet tumefied. I dilated the rectum by means of a speculum ani, and touched the few callous spots within, as also the projecting part, with the nitric acid; replaced and dressed it again as before. This last application caused more suffering than all the others before, and yielded only in twenty-four hours after repeated opiates and unceasing warm fomentations.

Since that time, now nearly two weeks, nothing has been done. Pus continued to flow many days after, bowels were freely evacuated, and no protrusion. At the last examination I found neither tumefaction nor callous spots, and I have reason to suppose the patient radically cured.

This brief and imperfect sketch of the above important case, elicits the following remarks:—

1. Prolapsus ani, I dare say, is more prevalent than is commonly supposed. The patient will invariably declare himself to be a hæmorrhoidarius, and very justly so. As the first is *mostly a consecutive* symptom, but too often, also, a *concomitant*, perhaps *idiopathic* disease, it is self-evident that the treatment of the one will not always be applicable to the other. This complaint may be readily recognized, and still it is often overlooked. It is unnecessary to impress the importance of an early examination whenever it is not too revolting to delicacy.

2. In regard to the treatment, I would, wherever it becomes necessary to remove the prolapsus, prefer the acid to the knife. This is the second time I have had the opportunity of testing the efficacy of the acid, and my expectations have been more than realized. A few years since I had a similar case to attend, only with the difference that I always could *replace* but not *retain* the prolapsus. I followed Dupuytren's plan of excising a few folds of the prolapsed mucous membrane, but the ensuing hæmorrhage gave me, and the patient, no small uneasiness; however, he soon got well. It is true that with the acid the pain is



greater, and the cure slower, but for all that, not the less certain, and without jeopardizing the life of the patient by the almost unavoidable hemorrhage, and certainly nine out of ten patients will prefer it. In most cases there will be no occasion for more than *one* or at most *two* applications, and the suffering will consequently not be so severe. In another case I had in this city, *one* application sufficed, and my patient, who for twelve or fifteen months could not evacuate his bowels without seeing the rectum protrude, got well at once with comparatively little suffering. The peculiarly severe character of the present case, made a third touching imperative, and the pain must, of course, increase with every application.

3. We ought never to be in haste with the reposition, but wait at least until the tumefaction has entirely subsided. So long as the mucous membrane is thickened, it will necessarily have to be compressed, and give rise to torturing tenesmus. I do not suppose that the healing process would be much retarded by leaving it out until the mucous membrane has approximated its normal consistency, which it will readily do, provided it is kept well lubricated and covered with warm cataplasms.—*St. Louis Medical and Surgical Journal.*

#### STRICTURES ON PROF. PAINE'S VALEDICTORY ADDRESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Will you permit an old subscriber to say a few words in relation to a matter, which, although it does not particularly concern himself, does interest a particular friend. He has no claim on your courtesy, nor has he any uncontrollable desire to see his remarks in print, especially when they refer to the world-renowned Professor Paine. His only wish is to bring to your notice certain facts.

*Greene, Chenango Co., N. Y., April 17, 1846.*

Respectfully,

AUG. WILLARD.

In the Journal of April 1st, particular notice is taken of Professor Paine's recent valedictory address, and the "caustic touches" he applies to Dr. I. N. Davis, of Binghamton, are referred to as being excessively "tingling." The writer of this was honored with a copy of Professor P.'s address, and has read and re-read it with a good deal of attention. The learned Professor certainly displays much tact and vigor in his attack upon Dr. Davis, as Chairman of the Committee of the New York State Medical Society, and unquestionably "much foresight in regard to the future prospects of the profession in these United States." Perhaps, however, a doubt may be allowed in relation to the Professor's conclusions respecting the capacity of the projector (Dr. Davis) of the coming Medical Convention, as well as to the fact whether foresight is always prophecy. Dr. Davis has most unfortunately jostled the learned Professor's opinions somewhat rudely, though accidentally, no doubt; opinions, which it seems the learned author had expressed in "My Medical and Physiological Commentaries," which he again expressed in an "Intro-

ductory Lecture on Medical Education in the United States in 1843," and which he will hereafter express in a "Sketch of the History of the Medical Department of the University," which is to be a posthumous work. Now, Sir, I apprehend that no man, however unwittingly and innocently he may do it, can contradict opinions so often expressed, and to be expressed, without at least running the risk of exciting the chivalric wrath of their originator, and exciting him to do battle like the knights of olden time, for the honor of his "Ladye Love," and like them to shiver a lance in defence of her wounded honor. With these opinions of the learned Professor regarding the coming glories of the profession—these visions of the far-distant future—I have nothing to do, excepting to hope that they may all be eventually realized. In the valedictory alluded to, the learned Professor bends all the energies of his powerful and philosophic mind—aims all the heavy artillery of his mighty mental battery, against sundry reports and communications of the Chairman of the Committee, who, he takes the trouble to inform us, is "*a young man in the township of Binghamptom,*" and that to him has been delegated the work of expounding the objects of the convention, which are to elevate the standard of medical education; and "*unfortunately,*" says the Professor, "to him has been delegated the correspondence with the medical colleges." Now is there anything so exceedingly improper in delegating this duty to a *young man*, or is the dignity of a medical college degraded by corresponding with one whose head is not covered with the frosts of many winters? Alas! wisdom does not always increase, with increase of years. But the erudite author of "*My Medical and Physiological Commentaries,*" had the penetration to discover, that the "Chairman of the Committee and Projector of the Convention" was, in various ways, "trading the profession and the medical colleges, through the medical press"; and thereupon the learned Professor indulges himself in a very gentle degree of vituperation of the State Medical Society, intimating that the members are "*a bare handfull of the outs,*" excepting a very few, the very salt of the profession, probably, who, he tells us, "*properly regard the transactions of the few, and who leave to those few the practical existence of the Society*"; and he laments the necessity which is thus imposed by self respect. "*Alas! Poor Yorick.*" The Professor seems particularly horrified with one or two paragraphs which occur in the communications of the Chairman, especially that he should have made use of that unseemly figure of rhetoric called hyperbole, when he tells us that ninety-nine students out of every hundred are not well qualified as regards their primary education. His exquisite sensibility is also terribly annoyed with a simile, perhaps not so elegant as the learned Professor would himself have invented, but nevertheless, apposite, when he says that if "*bad grain be put into the hopper, bad flour will come through the bolt.*" It is not my intention to defend the writings of the Chairman; he, I imagine, is able to do that himself. Let his previous writings bear testimony to his capacity. Who, then, is this Dr. Davis, of whom the Professor asserts that he knows nothing? He is the author of the two Prize Essays which are to be found in the Transactions of the

New York State Medical Society for the years 1840 and 1841, a publication conducted, let it be understood, exclusively, of course, by the "outs"; the first on the "Diseases of the Spinal Column," and the second "An Analysis of the Discoveries concerning the Physiology of the Nervous System." In relation to the first of these papers, the Boston Medical and Surgical Journal holds the following language. "It strikes us that Dr. Davis merits something more than a gold medal for his very useful and judicious performance. He appears to have examined the subject with that degree of care which should be exercised especially by those who attempt to teach others. \* \* \* \* We cannot withhold our warm expressions of praise from Dr. Davis, without doing injustice to a talented writer." (Vol. XXII. p. 303.) In relation to the second, the same Journal remarks that "the author exhibits extensive knowledge, profound attainments in science, and great devotion to the interests of the profession, of which he must be regarded as a prominent member. European physiologists should be furnished with this laborious production. It would not only show them the high value placed on their own labors, but would also convince them of the perseverance and research of American practitioners, even under extraordinary disadvantages for scientific study."

Other papers of Dr. Davis have been published in various periodicals, and some of them have found their way into European journals. It would certainly be a work of supererogation in me to attempt a defence of the literary and scientific character of one who has already, although he has the misfortune to be a "*young man*," by his own exertions, placed himself in an enviable position as a talented writer. This, then, is the man that the author of the Valedictory, under shelter of his professional dignity, attempts to *show up* to the world as an ignoramus and a blockhead.

But the learned Professor is not satisfied with making extracts from the circulars, &c., of the Chairman, and parading them in the pages of his address, with a very remarkable quantity of Italics and small capitals. He gravely tells us that he has it "fortunately in his power to show how far qualified the Chairman may be, to be entrusted with the solemn duty of pronouncing judgment even upon the primary education of our medical graduates"; and thereupon, with great gusto, he points out, in the last circular, no less than three orthographical errors. Now it does not appear to have entered the gentleman's brain, that these three errors may have been owing to the carelessness of a copyist or a printer's devil, or the inadvertence of a proof reader; no, they are indubitable evidence of the fact that Dr. Davis does not know how to spell. Now we have a most earnest desire to assist the learned Professor to the extent of our feeble abilities in this very important and laborious search for evidence of the utter incompetency of Dr. D. for any place except that of scholar in a fifth-rate country school. "There are, O tempora! in that brief extract" from the Circular which the Professor has inserted in his "defence" (page 21), two other blunders, which, provided they were made by the Chairman and not by the Professor, prove most conclusively that the Chairman is altogether a more unmitigated and incorrigible block-



head than even the learned Professor has imagined. These mistakes seem to have entirely escaped the keen and critical optics of the Professor. Strange! that his extraordinary sharp-sightedness should have failed to discover such glaring blunders! Now we would not be bold enough to perpetrate the slander, that the Professor was ever guilty of wrong orthography, nor should we dare accuse him of having either intentionally or accidentally mis-copied a single word of the circular, although one of the mistakes referred to is made in more than one place in the Valedictory; and therefore our friend Davis must necessarily father this new crop of blunders, and here they are. First, it appears that the Chairman does not know the orthography of the place in which he resides. Now there is not to be found in the whole State of New York either township or town, city, village or hamlet, of the name of Binghampton. The name of the village in which the Chairman resides is Binghamton (please put the accent on the first syllable) and not Binghampton as the Professor more than once writes it, and is the County seat of the County of Broome. Is it not a little wonderful that the Professor should not know this little geographical fact, which almost every school boy in the State knows; or how to spell the word when he most probably had the true orthography before his eyes? Second, and which goes to cap the climax of the Chairman's unqualifications for "being entrusted with the solemn duty of pronouncing judgment upon the primary education of our graduates," it appears that he does not know the initials of his own name!! Dr. Davis's first name is "Nathan S.," and consequently his initials should be "N. S.," and they are so written on page 7 of the address, instead of I. N. as given by the Professor as the signature of the Circular. Proh pudor!

Is it not lamentable that a gentleman of the undoubted talent, the high literary and scientific attainments of Professor Paine, should condescend to such puerilities?—should permit himself to stoop so far as to make use of the miserable, ridiculous, childish sort of logic noticed above? We are almost induced to believe that opinions that require to be supported by such an array of nonsense (we beg pardon for the word), are themselves of an untenable, weak, feeble and tottering character.

## THE COLD WATER TREATMENT IN TETANUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When a new mode of practice is suggested in any of our medical periodicals, I am always better pleased to be informed of the opinion of the editor, upon the new suggestion, than to have it given without any collateral support of its propriety, by himself or some of his correspondents. In this respect Braithwaite's Retrospect of Practical Medicine and Surgery stands highly appreciated by the profession. And in my own view, its value is immensely increased by the very fact of its frequently giving the views of the editor, or other experienced practitioners, upon the degree of estimation in which new methods of practice, or new

remedies, have been sanctioned by experience. What a vast, what an innumerable number of medical novelties have been born to breathe but one breath, and to forever die. Self-love, *the spring of action*, bewilders the faculties, raising the mental vision so high that it loses the light of day and is lost in the clouds. Red-hot iron will shine like gold whilst it remains red-hot, but it is only gold itself that will shine in all enduring time.

I was led to these reflections by the report of a case of tetanus cured by cold water, taken from the London Lancet, and inserted in your Journal of April 1, 1846. The use of the cold bath, as a remedial agent, is as old as the times of Augustus Cæsar, and how much older I do not know. But we are informed that the Emperor was cured by it of some disorder which had withstood other remedies. This brought it into reputation; but, alas, how temporary; for soon after it was tried upon one of his relations, whom it killed. But what is more to the present purpose, is the information which I received from a respectable physician of what befell a patient of his own. This was a case of tetanus, which had withstood his prescriptions. An eminent, and deservedly eminent, physician and surgeon was called from one of our principal cities, who ordered the cold-water treatment by the *douche*. He had no opportunity to repeat the process, for it killed the patient as quick (according to the gentleman's account who gave me the information) as he could have been killed by a flash of lightning!

I remain yours, Sir, respectfully,

Lebanon, Conn., April, 1846.

JOSEPH COMSTOCK, M.D.

#### M. DELPECH ON THE NATURE AND SYMPTOMS OF VARICELLA.

THE Journal de Medicine for January and February contains an elaborate article by M. A. Delpech on an epidemic of varicella, observed at the Hôpital Necker, to which he was then interne (house physician) in the year 1844. The epidemic lasted three or four months, and was confined to the patients of one ward, peopled by infants and very young children. The results at which M. Delpech has arrived, after a careful and minute analysis of the phenomena presented by the disease during this epidemic, are similar to those which have been generally adopted in this country of late years. His researches, however, are valuable as corroborative evidence. The following analysis of the more important parts of M. Delpech's essay will convey a correct idea of the Necker epidemic, as also of the pathological views which M. Delpech has so ably advocated.

There were no prodromes, properly speaking; the appearance of the vesicular eruption being merely accompanied or slightly preceded, by a little fever, heat of skin, nausea, or vomiting. During the course of the disease fresh eruptions would take place, each being accompanied by a renewal of the same general symptoms. The fluid of the vesicles first became lactescent, and then dried, passing through these periods in from three to seven days. The disease itself, however, often lasted much longer,

owing to successive eruptions taking place. On many of the patients, instead of vesicles, there were pemphygoid bullæ, or the latter appeared simultaneously with the former. Not unfrequently, when the vesicles had arrived at the period of desiccation, the crusts remained moist and the skin continued to secrete pus. The pemphygoid varicellæ were those which most frequently gave rise to the unfavorable occurrence. The presence of the bullæ seemed to indicate a deeper and more chronic inflammation of the skin; the pus secreted was generally serous. The suppurative diathesis which seemed to exist in these cases can scarcely, however, be considered the legitimate sequela of varicella.

The prognosis of varicella may be always favorable, as it is always a very benign disease; indeed, it has, perhaps, never been fatal of itself. It may, however, be associated with variolous eruptions, and then the state of the patient sometimes proves alarming. On the other hand, a child, whilst laboring under varicella, may be attacked with other severe disease, and thus be placed in a critical position. Thus M. Delpech mentions having seen a child subject to convulsions die from an attack which occurred whilst it was affected with simple varicella. In so mild a disease, there is, of course, but little treatment required. In the great majority of cases, hygienic means alone are necessary to treat it, or rather to prevent its progress from being intemperately arrested. Nearly the only medicinal agent indicated is a mild purgative at the end of the treatment. It modifies favorably the purulent predisposition when the latter exists, by revulsive and secretive depuration. When the suppurative diathesis exists, in addition to mild purgatives, topical remedies will be found of use, such as an ointment composed of calomel, one part; lard, ten parts; or sulphur or corrosive sublimate baths.

M. Delpech appears to think that the Necker epidemic of varicella originated spontaneously at the Hospital, but that it extended itself in the ward by contagion; for other and adjoining wards were completely free. Nevertheless, he was not able to propagate it by inoculation. Two children, in a ward where there was no eruptive disease, were inoculated with varicella fluid taken from a patient out of the Hospital, but without success. This result is confirmatory of various recent experiments, and seems to establish a marked and total difference between varicella on the one hand, and cowpox and variolous diseases on the other. M. Delpech is the more inclined to attribute the propagation of the disease in the Necker ward to contagion, from the circumstance of the children being attacked in groups, as if they had been exposed to the cause of the disease at the same epoch, although the length of their residence in the Hospital was varied. After a careful and elaborate comparative analysis of the epochs at which the attacks occurred, and of all the data of these attacks, M. Delpech thinks he is warranted in concluding that the disease is transmitted anteriorly to the fifth day of the invasion, and probably between the third and fifth. He also thinks that the incubation of varicella may be fixed at about twelve days. M. Delpech's analysis of his cases is so minute, that it sometimes requires a strong effort of attention to follow him. His deductions, however, ap-



pear legitimately drawn, and the process by which he arrives at them may be offered as a model for the followers of the numerical system.

M. Delpech concludes his essay by a parallel between varicella and variola. He shows that the origin of varicella was much more recent than that of variola, and reminds his readers that, as long as variola was observed in its primitive intensity, unmodified by inoculation or vaccination, no author thought of confounding the two diseases. Vidus Vidius, the first who gave a good account of varicella, expressly states that it is a different disease from variola or rubeola, as the following sentence testifies—*Quam obrem non videntur tanquam tertia species morbillis et variolis hæc pustule adjiciendæ, sed satis est si ad phlyctenas referantur*. Varicella has been erroneously confounded with variola by some modern authors, owing principally to the circumstance of the two diseases being occasionally met with at the same time, on the same individual, the one not excluding the other. The separate individuality of varicella, however, is proved—by its existing in an isolated state, free from all variolous complication, both sporadically and epidemically—by the age of those whom it attacks, nearly exclusively children—by the perfect indifference with which it attacks all individuals, whether vaccinated or not, whether they have had variola or not, even when laboring under varioloid disease, or when recently convalescent from it—the complete absence of all modification in the manifestations of the affection in those who are or have been under the influence of variolous affections—the absence of all immunity conferred by varicella from variola or cowpox—the possible combination, and simultaneous development of varicella and variola—the impossibility of variola transmitting or giving rise to varicella, or of varicella transmitting or giving rise to variola—the doubtful possibility of transmitting varicella by inoculation, notwithstanding the experiments of Willan, which have been disproved by all subsequent experimentalists—and, lastly, the decided and constant difference in the form and symptoms of the two diseases.

This elaborate essay certainly does M. Delpech great credit. It has been rewarded by the Monthyon prize—a yearly prize, given by the Faculty of Medicine of Paris, for the best memoir on the diseases of the past year, as observed in the Paris hospitals.—*London Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1846.

*National Medical Convention*.—Before this No. of the Journal reaches distant subscribers, the delegates to the National Convention will have been organized in the city of New York. There is some diversity of opinion on the expediency of this measure. An ardent manifestation of interest in the probable deliberations of the congress, distinguish the resolutions of some State societies; while others look very coolly, and even

suspiciously, on the whole matter, as though there would be more talk than doing. Most of the strong schools and colleges are inattentive to the call—not caring to participate in any manner with the resolves that may go forth from the Convention. Not one of the Philadelphia colleges appear to have cared much about the meeting, as no representatives have been chosen by either of them. Connecticut and Massachusetts are also without delegates. The subject was brought before the Council of the Massachusetts Medical Society, but a close vote turned the scale against the desire of those who thought it would be an act of courtesy to appoint a commission.

We hope that some gentleman who has opportunity will favor us with a daily transcript of the labors of the Convention. There will be an able body of talented men there.

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*Town and Country Practice.*—In cities, practitioners are, in a manner, slaves to the public. They know but little more of personal freedom than servants who are under the watchful eyes of a severe master. There is such competition that scarcely any one can relax or defer his business, without absolutely periling his prospects. Whenever he feels himself established, more vigilance is, if possible, required than ever. It is true that a few physicians acquire fortunes, but very rarely by the mere practice of medicine. It is usually either by inheritance, family alliances, or some collateral pursuit which no one knows of but themselves, that large estates come into the possession of physicians. Those who acquire a competence by their profession, gather for others to scatter, in most instances, since the infirmities of age overtake them before they have realized their expectations. But the number who become rich in any way, in cities, is very small indeed, compared with those who are dependent on their daily earnings. Rents, fuel, and family expenses, must necessarily be high, must be promptly paid, too—and to meet such an outgo by prescriptions, the legitimate and only reliable source of income in a multitude of cases, is not always certain, and sometimes breaks down the boldest spirit.

We are so familiar with the vicissitudes of physicians of slender means, who undertake to establish themselves in a city, that it would be unpardonable not to warn such as contemplate the experiment, of the difficulties which they will assuredly meet with. New signs are continually appearing at the corners of the streets, few of which remain many years. Physicians just graduated are naturally full of hope, and are often anxious to settle down in a city; but two thirds of them go away after a time, sick at heart from hope deferred.

Medical gentlemen in the country likewise have their hardships and disappointments, and many pleasures too. They have the advantage of being known in a week after locating. They are under no bondage to the community, nor in fear of neglect, should they happen to be from home occasionally; and personal expenses are not of an alarming magnitude. There are numerous advantages which they possess over their town brethren, that might be recited in a lengthened catalogue. Some of these consist in the enjoyment of an untainted atmosphere, wholesome water, and exercise of a healthful, invigorating kind, over the hills and through the dales, which is conducive alike to immunity from disease and length of days.

*State of New York Medical Society.*—Part II. of Vol. VI. of the Transactions of the Society, for the year 1845, has been published and distributed. Dr. Hun's paper on Phlebitis, Dr. Davis on Obscure Points in Pathology, &c., claim distinct attention from medical readers. The analysis of the testimony on the trial of Calvin Cornell for murder, and the subsequent proof which led to the commutation of his punishment, by Drs. T. Romeyn Beck and A. Brigham, will be extensively read, and it is gratifying to know that the merciful bias of their minds influenced, as it did, the decision of the Governor of the State, who commuted the sentence of death to imprisonment in the State Prison for life.

*Diseases of the Chest.*—A second edition of the well-known, and, it is believed, well-received treatise on "Diagnosis, Pathology and Treatment of Diseases of the Chest, by W. W. Gerhard, M.D., &c., Philadelphia," has just been issued, revised and enlarged, by Messrs. Barrington & Haswell, medical publishers. The closing paragraph of the author's preface, explains fully the good qualities of this improved volume. "The object of the present work," says Dr. Gerhard, "is not limited to auscultation: it includes, on the contrary, the general symptoms and treatment; and I may hope that it will prove useful to those who may require a publication of the kind." Dr. Gerhard's reputation, in this particular department, has been deservedly high—and we are in the habit of supposing that men improve by age and experience. It is, therefore, presumed that the production before us embraces, not only the spirit of all the best and latest essays on the class of diseases considered in it, but also the most recent researches of the author.

Without adverting particularly to the contents of the eight or ten chapters, deserving as they are of careful study, we contemplate the admirable teachings in regard to the diseases of the heart, with more than ordinary interest. Medical gentlemen of observation concur in the opinion that the circumstances and condition of the present age tend to the development of diseases of the heart and its essential appendages, in a striking degree. We are, as a people, in the United States, subject to a peculiar excitement. The nervous system is constantly over-taxed—the blood is urged on too rapidly for the safety of the mechanism by which it is propelled, and disturbances, lesions, and, in fact, physical sufferings and death, result from an over-working of the vital apparatus. Without being able to control the elements which thus operate against the health and long life of the most intelligent part of every community, it is the special province of the physician to exert himself with a view to lessening the force of disease, if he does not always succeed in curing the patient. The second division of this excellent book throws much light on many points that might well be thought obscure by those who are not intimately conversant with the anatomy of the thorax, and the varying symptoms of diseased action in the deep recesses of the chest. One half of the ordinary pulse-feeling of some reputable practitioners is a perfect farce. They often do not recognize minute irregularities in the circulation, or, if they do, guessing is the mode of locating the seat of disease. Nothing short of an untiring determination to master every sign and sensation that indicates an abnormal state of any and every organ, can justify a man in prescribing for diseases of the human body.



These observations are intended for the consideration of that class of careless practitioners who pretend that they have no time for study, and yet dare to give advice on subjects in which they are supposed to be thoroughly acquainted, although profoundly ignorant.

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*Miller's Practice of Surgery.*—This volume is not put forth in rivalry of the excellent works on practical surgery which already exist, but as a companion to the *Principles of Surgery*, lately published. James Miller, F.R.S.E., &c., the author of these works, is Professor of Surgery in the University of Edinburgh. An examination of the present treatise convinces us of the general soundness of the work. It is good, without being great. It is true, but not new—in short, the spirit of industry seems to have come over the professor, prompting him to give the printer his manuscripts just as fast as they could be conveniently spared from the lecture room. Those who consult this work as a surgical guide, will certainly have a safe, accurate bibliographical counsellor; and one which will be regarded by competent judges, we apprehend, as a generous contribution to the great fund of surgical knowledge which is in the process of accumulation in the world.

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*Eastern State Penitentiary, Pennsylvania.*—Through the attentions of the physician of the institution, Dr. Given, a copy of the seventeenth Annual Report has come to hand. After a deliberate and watchful insight into the workings of the solitary imprisonment system, he has come to the conscientious conclusion that it is the best. His report to the inspectors is placed on file for further comment.

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*Prolongation of Life.*—Man comes into existence a helpless being, says Mr. Shattuck: arrives at maturity by the aid of others; exists in a state of maturity an indefinite period, and then decays and dies; “the dust returns to the earth as it was.” This is the common lot of all. Life may extend to 70, 80, 90, or even 100 years; and it may terminate in a year, a month, or even in an hour. We know that we all must die; but the time of our death we do not know. It may come comparatively soon; it may not. We believe, however, that the time of our death, though unknown, is in some respects within our control. We believe that disease and death come not from a mysterious, unconditional Providence, but are the result of the condition of our bodies, and the influences that are brought to bear upon them.

The late Rev. Dr. Ripley, of Concord, when settled, in 1788, had a feeble constitution; and one man voted against him because he thought it useless to settle a man whose probabilities of living were so small. He, however, by great care and attention to his health, acquired a pretty good constitution, and survived his 90th year. He probably added fifty years to a life which another man, under similar circumstances, would not have enjoyed.

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*Medical Patronage of Quackery.*—The editor of the London Lancet, after some pretty severe remarks respecting the countenance given to va-

rious forms of quackery by Sir Benjamin Brodie, Sir James Clark, Dr. Bright and several others, thus speaks of the extraordinary article by Dr. Forbes in a late No. of the British and Foreign Medical Review.

"Dr. Forbes is another attendant on royalty, against whom we have somewhat to urge. In a recent article in the British and Foreign Review, entitled 'Homœopathy, Allopathy, and Young Physic,' said by the Medical Gazette to be the work of Dr. Forbes, some extraordinary laches are perceptible. Homœopathy certainly was never in such respectable feather before in this or any other country, and legitimate medicine never had a more nauseous pill prescribed for it. The entire tendency of the article is to humble it to the dust, and if not to exalt homœopathy, at least to say all the exaggerated praise that can be said of such a meretricious mass of folly. The quotations we give, however they may be hemmed in by reservations, and weakened by explanations, furnish damning proofs that the writer, whoever he may be, ought, in the self-same mood, to remain no longer in the ranks of the followers of, and believers in, orthodox physic. Not that any of these believe it to be near certainty and perfection, but many, very many—a faithful majority—would shrink from the sentiments and deductions of this writer."

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*Scarlatinoid Fever.* By SAMUEL TYLER, M.D., of Frederick, Maryland.—An epidemic scarlatina has been raging to a considerable extent for twenty months, or perhaps longer, in Frederick city and county; some cases being of the simplex, others of the anginose or malignant form, the majority of cases though being of the former type.

Within the last three months I have seen many cases of disease which I have termed scarlatinoid fever, there being every symptom of scarlatina except the eruption, particularly violent anginose symptoms, pricking and consequent huskiness of the skin, and for the most part confined to adults, but not alone to those performing the duty of nurse.

Of course every one has observed the fact that nearly all diseases are much modified by the prevalence of any epidemic, but I think the general prevalence of this disease (scarlatinoid), and its confinement to adults, and those who have had scarlatina, conjoined with the fact of the violence of its symptoms, which, though not so great as those of scarlatina, entitle it to rather more consideration than as a mere modification. Nor do I think we could exactly call it *scarlatina sine exanthemate*, described by Fothergill and Huxham (1766), as the *scarlatina cum exanthemate* has been, and is still prevailing. All these facts combined have induced me to consider it as not a mere modification, but rather *sui generis*, bearing the same relation to scarlatina that typhoid does to typhus, or varioloid to variola.

I have employed the same treatment, with very little modification, as in scarlatina.—*American Journal of Med. Sciences.*

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*Asserted Injurious Effects of the Manufacture of Lucifer Matches.*—Several German practitioners, and, among others, M. Heyfelder, clinical professor of surgery at Erlangen, have published a number of cases of necrosis of the maxillary bones, which they attribute to the influence of the materials used in the manufacture of lucifer matches, the patients having thus been employed. M. Bricheteau, wishing to verify the accuracy of these statements, with reference to the asserted cause of the dis-

ease, has carefully visited all the manufactories in which chemical matches are made in Paris and the neighborhood. The results of M. Bricheteau's investigations do not appear to confirm the statements made in Germany. Among the two thousand workpeople, men and women, who are thus employed in or near Paris, it does not appear that a single well-authenticated case of necrosis of the maxillary bones has occurred. Three or four cases of disease of the maxillary are mentioned by M. Bricheteau, but he states that the disease was either syphilitic, or existed before the patients had worked at the factory.

The manufacturers have remarked, that the vapors that result from the instantaneous combustion of the matches, which contain sulphurous acid, and phosphorous and phosphoric acid, make the workpeople cough, and that the coughs thus occasioned are more troublesome in winter than in summer, owing to the ventilation of the workshops not being then so good; but they have not observed any other symptoms.—*Journal de Médecine*.

*Treatment of Spina Bifida.*—At a late meeting of the Medical Society of London, Mr. Hilton inquired whether members had found any plan of treatment of service in cases of spina bifida? He considered the plan which had lately been recommended, of adopting carefully adjusted pressure over the tumor, to be a dangerous practice.

Mr. Roberts believed that spina bifida was usually connected with hydrocephalus, and should therefore expect no benefit from the treatment alluded to.

Mr. Dendy reprobated the practice of pressure in spina bifida; meningitis might be the result of the proceeding, as pressure might be exerted on sharp points of the bony cavity. He had seen good done in these cases by carefully-conducted puncture. In three cases of hydrocephalus treated by puncture, idiocy had been the result.—*London Lancet*.

*Medical Miscellany.*—A woman is said to have recently died in Tolosa, Spain, at the age of 150 years.—Cholera is again making frightful ravages in Asia.—Dr. James Stevenson, of Washington County, and Dr. Alex. H. Stevens, of New York, have been elected honorary members of the State Medical Society of New York.—The annual meeting of the Boston Medical Association will be held at the College, Mason street, on Monday, May 4th.—The New York Sunday Times is publishing a series of articles under the caption of *Young Physic*.

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MARRIED,—Asa M. Holt, M.D., of Haddam, Conn., to Mrs. F. B. Dewey.

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DIED,—At Salisbury, Conn., Luther Ticknor, M.D., 56—an excellent man and an eminent practitioner of medicine, whose loss will be greatly deplored.

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*Report of Deaths in Boston*—for the week ending April 25th, 73.—Males, 26, females, 45. Stillborn, 3. Of consumption, 18—smallpox, 1—mortification, 1—dropsy of the brain, 5—measles, 6—inflammation of the lungs, 6—scarlet fever, 2—convulsions, 2—inflammation of the stomach, 1—croup, 5—brain fever, 1—lung fever, 6—scrofula, 1—disease of the kidney, 1—dropsy, 3—apoplexy, 1—canker, 1—infantile, 1—inflammation of the bowels, 1—disease of the liver, 1—jaundice, 1—erysipelas, 1—hooping cough, 2—neuralgia, 1—child bed, 1—intemperance, 1—cholera morbus, 1—drowned, 1.

Under 5 years, 29—between 5 and 20 years, 10—between 20 and 40 years, 16—between 40 and 60 years, 14—over 60 years, 4.



*Premature Old Age in Females.*—Nor does the premature old age, of which we are speaking, come of too much *study*. We do not begin to study in this country, as they do in Germany, nor as many do in England and France. It is a common thing among the educated ladies of Germany, to find those who can read and speak three or four different languages, and are extensively versed in mathematics and natural philosophy.

It is clearly proved that the high cultivation of the intellect is favorable to protracted youthfulness and long life. Highly educated men and women, on an average, live longer and enjoy more even and pure health, than those of little or no mental culture. The mind is life—the very essence of life—and where there is most of mind, other things equal, there is most of that which imparts life and vigor to the body. It is believed that thousands in this country annually die some twenty years sooner than they would, had they bestowed a higher cultivation upon their intellect. We must be more intellectual and less sensual—more of that which dies not, and less of that which dies—if we would invigorate and prolong whatever of us is mortal. It is said to be better to wear out than to rust out:—The truth is, after all, very few in this country can claim the honor of *wearing out*, intellectually. But hundreds are daily dying through mental rust. Why does the man of business languish and die so soon, on retiring to enjoy in idleness his gains? Just because the life-giving power, the mind, ceases to act. Rust, stagnation, disease, gloomy spirits and death, must inevitably come.

The perpetual tug and excitement of business, as it is done in this country, frequently overtaxes and breaks down the mind; not so much by the intellectual labor, as by the *excitement* attending it. Now the study of the languages, sciences, &c., and the putting forth of the mental energies in the form of written thoughts for the world, afford just that kind of mental effort which is most favorable to long and vigorous life. Accordingly literary and scientific men are, as a class, long-lived. If our females would give up their dissipations, renounce their novels and their indolence—put away both their inglorious rust and their vainglorious excitements together—and rise higher on the scale of intellectual, thinking, spiritual being, they might secure to themselves and to their children a far more healthy, youthful, prolonged earthly existence, than most of them now enjoy.—REV. H. WINSLOW, in *Dr. Cornell's "Journal of Health."*

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*Medical Society of London.*—The seventy-third anniversary meeting of this Society was held, on March 9th, at the Crown and Anchor Tavern, in the Strand. The President in the chair. Mr. Bishop, F.R.S., delivered the oration, which was an elaborate and philosophical inquiry into our present knowledge of the vital principle and its influences. The Fothergillian gold medal was presented to Robert Mortimer Glover, M.D., of Newcastle-upon-Tyne, for his *Essay on the Pathology and Treatment of Scrofula*; and the silver medal to George Pilcher, Esq. The president accompanied each presentation with an appropriate speech.

This Society, the oldest in the metropolis, with the exception of the Physical Society of Guy's, is about again to publish "*Transactions*," a volume at present being in the press. This is a proof of the increasing prosperity and usefulness of the Medical Society of London—a Society connected with the names of Fothergill, Sims, and Lettsom.—*Lond. Lan.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## SYPHILIS IN BELGIUM.

WITHOUT attributing to the disease called syphilis—that direful plague of the human race—the mysterious importance with which the followers of Hahnemann invest it (following, in this respect, the erratic footsteps of their visionary master), we cannot deny that the propagation of syphilis is one of the most potent causes of the deterioration of mankind, and one of the greatest evils, physical as well as moral, to which the human race is liable. Were the disease merely to afflict those persons who have exposed themselves to contagion in the haunts of vice, it might be considered merely a just punishment for moral depravity. But such is not the fact. The innocent victims of syphilis are infinitely more numerous than the guilty; for it is a disease which follows vice and crime down to “the third and fourth” generations; syphilis in the parents being, it is generally considered, one of the chief causes of scrofula, pulmonary consumption, and other fatal and distressing diseases in their children.

Under such circumstances, it will at least be admitted, that it is a question worthy of consideration whether it may not be wise for a government to adopt measures to prevent the propagation of this malignant and destructive malady, with the humane object of protecting future generations from early decay and death. We are thus guarded in putting the question, because we are well aware that it is the general opinion in this country, that any interference with vicious pursuits, for sanatory purposes, is an indirect sanction of such practices, and is, therefore, to be condemned.

Acting on such views in this country, *syphilis* has been left to itself; it has exercised its ravages on multitudes of the population, unrestricted, uncontrolled. The result is, that in no part of the world, we believe, in accordance with the generally-received opinion of the profession, is there more syphilis, as compared with the population, than in Great Britain; and in scarcely any is the disease seen in a more virulent form. In no country, also, as a necessary corollary, are we likely to find its influence as a cause of consumption and scrofula, and of cachectic diseases in general more fully developed; these affections, according to the philosophical idea of M. Lugol, being destined to purify the human race from contaminated stock, and thus to prevent its continuous and final deterioration. The difficulty, however, which we should experience in establishing any kind of medical superintendence over the abandoned classes of society, and the moral objection which may be raised, with a certain appearance of correctness, to the marshalling of the vicious, even for

general sanitary purposes, is perhaps a sufficient reason why no attempt of the kind has been made amongst us.

In various continental countries, on the contrary, the public authorities have considered it their bounden duty to endeavor, by every means in their power, to arrest the progress of a pestilence, the effects of which on society at large are so deplorable. In their philanthropic ardor, they have not allowed themselves to be arrested by the difficulties and objections to which we have alluded, but have boldly interfered with vicious habits for the humane purpose of protecting the morals and the health of the general population. Nor have their efforts, startling as it may appear, been unattended with success. In the large towns of France, where a vigilant scrutiny has been for some time exercised on women of abandoned character, *syphilis* is very much less common than it was previous to the adoption of these measures, and the intensity of its manifestation is also diminished. This is no doubt owing to a large proportion of the cases falling under the eye of medical men at the onset. But it is in Belgium that the authorities have been most active, that the principle of interference has been carried to the greatest extent, and that the most marked results have been obtained. It is more especially within the last three or four years that the attention of the Belgian government and municipal authorities has been directed to the prevention of the propagation of this disease. The measures adopted have been most ingenious, and have been so successful, that the malady has been nearly exterminated in the army—in all other countries a great focus of the syphilitic affections.

The sanitary measures which have been adopted in Belgium within the last few years, in order to diminish the ravages of syphilis, may be ascribed to the Belgian Royal Academy of Medicine. Previous to 1842, little or no attention was paid to the subject, either by the municipal authorities or by government. At the latter end of that year, M. Seutin, one of the most influential members of the Academy, proposed that the learned body to which he belonged should formally request of the Minister of the Interior, to propose to the Legislature the adoption of regulations *calculated to arrest the progress of the syphilitic disease*. A committee of the Academy, composed of five members, was named to investigate the subject, and after four months' labor, made a very able report through the medium of M. Vleminckx. In this report, the absolute necessity of enforcing the five following resolutions was strongly insisted upon:—

1. That all women publicly living by prostitution should be subjected to proper police regulations.
2. That no prostitute should be allowed to walk or stand in the streets.
3. That in all populous districts there should be one or more medical men, and a commissary, specially intrusted with the superintendence of prostitutes.
4. That the communal (parish) authorities should have additional power to act against prostitutes in general.



5. That all persons attacked with syphilitical disease should be admitted, without restriction or difficulty, into the public hospitals.

These resolutions were adopted by the Academy, after a lengthened discussion. The deliberations, however, had reference, not to the views contained in the report, which were unanimously approved, but to the propriety of the Academy taking the initiative in recommending government to interfere with the functions of the municipal authorities, those bodies not having been consulted on the subject. But the objection was, at last, over-ruled. The intervention of government, however, became unnecessary, the civil authorities at once applying to the Academy for advice and assistance, on hearing of the discussion that had taken place. The committee was re-appointed, and entrusted with the drawing up a series of rules, embodying the foregoing propositions. The regulations framed by the committee were at once carried into effect by the civil authorities. They are too voluminous to admit of being printed at length in this place. But their main features may be disclosed by stating that they carry into effect all the views contained in the previous report. Not only is an examination of all prostitutes, twice a week, by competent and well-remunerated medical functionaries, rendered imperative, and every possible precaution taken to ensure its being efficiently enforced, but, in addition, active measures are taken to ferret out every case of syphilis with a view to stop the propagation of the disease.

It is in this latter respect, more especially, that the measures adopted by the Belgian authorities differ from those pursued in France, and in other continental countries. Thus, the medical officers of the venereal hospitals and of all other hospitals and dispensaries, are requested to ask of their venereal patients the names and addresses of the persons by whom they were infected. These are handed to the police, and when it is possible, that is, when the culprits are prostitutes, they are at once examined, and, if found infected, taken to the hospital to be treated. These arbitrary measures, as may be easily supposed, are not susceptible of being carried to any great extent with ordinary patients in civil life, but in the army they have been enforced with the utmost rigor, and with the most beneficial results. Whenever a soldier is attacked with syphilis, he is taken by a corporal or sergeant before the commissary of police, and obliged—and that before he can be received into the hospital or treated—to state by whom he was infected, or whom he suspects. This system is rigidly and successfully enforced, so that the source of contagion is generally discovered when the diseased person is a soldier. In order to induce the latter to reveal the name and address of the female through whom he suffers, various punishments which were formerly inflicted on them when so affected, such as the stoppage of pay, distinctive marks, &c., have been withdrawn in favor of those who conform implicitly with the regulation. On the other hand, those who refuse are punished, as also others who delay reporting to their superior officers the fact of their suffering under the venereal disease.

These measures have been so successful, it appears, as regards the army, that it does not exhibit now more than *one hundred and thirty*

venereal cases, on a total of *thirty thousand men*. Moreover, the number would be even smaller, it appears, were it not that in two towns, Gard and Namur, the "sanatory police" has still to be satisfactorily established. At the same time that the frequency of syphilis has thus evidently diminished in the army, it is also considered to have become less frequent in private life, the number of cases applying for admission into the hospitals having much decreased.

The evident success which has attended the efforts thus made, during the last three years, has, it would seem, stimulated the Belgian authorities to make further exertions in the same direction, and it is confidently expected that the disease will, in the course of time, be reduced to the mere shadow of the previous terrible malady.

It is likewise apparent that France is on the point of following the example of Belgium, by endeavoring to render more perfect its police regulations.—*London Lancet*.

#### M. TROUSSEAU ON THE ABUSE OF ALKALINE PREPARATIONS.

AMONG alterative medicinal agents, alkalies certainly occupy as important a place as mercury, iodine and arsenic; alkalies exercise on the economy an immense influence, as do acids; and this must necessarily be the case. The blood is naturally alkaline, but it is only so in certain proportions, which enable it to endow with special chemical properties the various secretions. Of these secretions, some are slightly alkaline, such as the saliva and the pancreatic fluid; some are alkaline in a high degree, as the bile; while others are very acid, as the urine, perspiration, and gastric juice. If by the use of alkalies you increase the alkaline state of the blood, at last you bring about a special state of that fluid, and a new state of the secretions. The secretions which are naturally alkaline will become more so; those that are neuter will become alkaline; and those that are acid will either become less acid or more or less alkaline. These chemical effects necessarily take place. The presence of acids being one of the conditions for the digestion of food in the stomach, it cannot be a matter of indifference to neutralize the acids which the economy wants—for the transformation of fecula into glucose, for instance. The digestion of amylaceous substances becomes, therefore, incomplete, or extra-natural, if we may use the expression. The presence, also, of alkalies in the blood in due proportion, gives to this liquid the means of burning, to a certain extent, the carbonaceous elements absorbed in the process of digestion. An imperfect combustion gives rise, without doubt, to morbid symptoms; but a too great or too rapid combustion, on the other hand, is not the less attended with inconvenience, as it gives rise to important mutations in the composition of the blood, and consecutively in the texture of the organs.

It is therefore, under no circumstance, of unimportance to administer alkalies. Taken without any real indication for a few days, they only give rise to momentary disturbance; but taken in large quantity, they

occasion a cachectic condition, followed by a deplorable state of emaciation. The ancients before us, had admirably indicated the influence of alkalies on the composition of the blood: they had remarked, that it became more fluid, being paler than in the normal state; and that at last a cachexia became established, characterized by paleness, general puffiness of the tissues, and passive hæmorrhage; moreover, they had also perceived that these symptoms were followed by emaciation. Within the last few years, the abuse which has been made of the mineral waters of Vichy and Carlsbad, in the treatment of gout, has proved the above fact. The abuse of alkalies has certainly done more harm than that of iodine.

When, in an acute disease, we wish to produce promptly a modification in the state of the blood, similar to that produced by bleeding, we employ mercurials, and more especially calomel; but when the disease is a chronic disease of the liver, or an affection depending on a diathesis, with predominance of acids in the secretions—as in gout, for instance—then it is by alkalies that we must act. But we must take care not to go beyond the end which we propose to ourselves. Certainly the attacks of gout may be moderated by taking, with perseverance, the waters of Ems, Carlsbad or of Vichy; oftener still, by these same remedies, the formation of uric-acid deposits in the kidneys may be prevented. But to extinguish the gouty manifestation is no more to cure gout, than we cure syphilis by causing the disappearance of cutaneous syphilitical eruptions through topical applications. The diathesis is of so obstinate a nature, that, without exposure to other hygienic influences than those encountered by the common run of mankind, the gouty person will have a relapse of his attacks. A great deal is gained, however, if the attacks are rendered more rare and less acute. If the diathesis itself has to be destroyed, as some not very intelligent physicians wish, it becomes necessary deeply to modify the constitution; and the abuse of alkalies is to be feared, for it is a much more serious disease, and much more irremediable, than either gout or gravel.

The liver swells and becomes large in animals that are fed with highly carbonaceous substances, and that are condemned to inaction. Exercise, it is well known, is one of the best means of favoring the combustion of carbonaceous principles, and especially of fatty matter. It is also well known, and in this instance chemical theories agree with therapeutical experience, that the ingestion of alkalies, and the alkalinization of the blood which results, render this combustion more easy, and act as an adjuvant to an inactive respiration. Theory would, therefore, have led us to the administration of alkalies in the treatment of chronic diseases of the liver, even if practice had not decided the question for centuries.

Even under these circumstances we must take care not to abuse the administration of alkalies. It is not enough recollected in medicine, that the properties inherent in living tissues suffice to resolve engorgements as soon as the first retrograding impulse has been given. When we bleed in pneumonia, we do not believe that the pneumonia is cured merely because we have withdrawn from the lungs the blood in excess. Such an idea could not even enter the mind of any one who has the slightest knowledge



of pathology. The blood having been extracted, an obstacle to the accomplishment of the nutritive functions of the pulmonary tissue is removed, and resolution takes place in virtue of properties inherent in the pulmonary tissue, and that often without its being necessary for medicine again to interfere.

The obstacle which we can thus remove at once in an acute disease we can only slowly destroy in a chronic disease; but as soon as it is destroyed, the properties of tissues resume their play, and the physician has only to remain the attentive and intelligent spectator of the operations of nature. Thus it is that the importance of the precept which we have just established becomes apparent—viz., that in the treatment of chronic diseases of the liver, we must stop in the administration of alkalies as soon as the resolution of the engorgement has begun, without endeavoring to pursue a morbid state which will now get well without further assistance.

It is because they do not take into consideration the properties which nature has given to our tissues, that so many physicians insist too long on alkalies in diseases of the liver. A patient finds himself better on his return from Vichy, Ems, or Carlsbad. His health becomes re-established during the winter. He thinks, that in order to prevent a return of the disease, he must, the following summer, again take the waters, and continue to do so for several years consecutively. Instead, however, of returning relieved, his sufferings increase, owing to his blindly insisting on the use of a remedy which was no longer required.

How is it that physicians do not see that a remedy powerful to cure is powerful to do evil. Alkaline remedies are daily administered with inconceivable indifference. A physician prescribes to a patient one or two months' use of the waters of Vichy, Carlsbad, or Ems, as he would barley-water to drink. Is it a matter of so little importance to change all the secretions of the economy? Other alterative medicines are wielded with more prudence. Mercury and iodine, for instance, are administered with care and precaution, because the danger which attends their use is known.

In concluding these remarks, we have no hesitation in stating that the danger of alkalies is greater than that of mercurials, because the danger is less suspected, and that their administration is often only arrested when the health of the patient has been irreparably destroyed. This is not so often the case with mercurials, because the experience of three centuries has told us that mercury could not be taken long with impunity. It behoves us, therefore, to declare loudly, both the immense utility and the extreme danger of alkaline remedies.

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#### EXCLUSIVE VEGETABLE EATING.

DEFERENCE might make it proper in this place to advert, briefly, to the opinions of some persons concerning the propriety of exclusive vegetable eating. Frequently it is asserted that the nourishment of vegetables is

better calculated to promote long life, a vigorous and healthy condition of all the functions, intellectual, moral and physical, than that derived from animal matter. By such persons it is also asserted, that animal matter was originally the main cause of human degeneracy; that it is discountenanced by the Bible; that it is calculated to make the individuals who use it vicious, intemperate and blood-thirsty; that it gives rise to a great number of diseases, to which mankind would not otherwise be subject. Eulogies really the most passionate have been bestowed upon vegetable eating, while reasonings the most elaborate have been directed against a mixed diet: and that, too, not less by persons holding conspicuous stations in the commonwealth of letters, than by medical men, many of whom in their day were deeply versed in the literature of their profession.

Dr. Wm. Alcott's work is now before us, with the following imposing title: "*Vegetable Diet, as sanctioned by Medical Men in all Ages.*" We find in this work such names as Rush, Cullen, Gregory, Lawrence, Cuvier, Home, Cheyne, Abernethy and Muzzy, quoted in favor of man deriving his food exclusively from vegetables. In justice, however, to many of these distinguished authors it should be remarked, that they delivered themselves on this exclusive system with very considerable ambiguity. This is not true, I confess, of our friend Prof. Muzzy, formerly of Hanover, N. H., now of Cincinnati, Ohio. From the terms of his expressions he stands committed for a number of reasons, founded not less on moral than on physical considerations. Take, however, as a sample of ambiguity, the quotation from the eccentric Abernethy, to show that *he* is in favor of the system.

"If you put improper food in the stomach, it becomes disordered, and the whole system is affected. Vegetable matter ferments and becomes gaseous; while animal substances are changed into a putrid, abominable and acid stimulus. Now, some people acquire preposterous noses; others, blotches on the face, and different parts of the body; others, inflammation of the eyes, all arising from irritations of the stomach. I am often asked why I don't practice what I preach. I reply by reminding the inquirer of the parson and the sign-post—both point the way, but neither follows its course."

In relation to the various opinions which have obtained currency upon vegetable-eating, it may be submitted, that at the time that most of them were rife, the only certain method of testing the nutritive qualities of alimentary substances was in its infancy. Analysis of the animal and vegetable articles, commonly used as food, had not taken place. Until within the present century nobody had any evidence to believe that the nourishing principles were of a constant character; always the same, whether derived from animal or vegetable matter; and identical in chemical composition with the blood. Attested, nevertheless, as such facts have been by chemical analysis, they must have their influence in making up an opinion concerning the proper food of man. Experiments upon inferior animals strengthen their correctness. So, also, does a proper understanding of the process of chymification. Food when submitted to the action of the gastric juice is dissolved, but we are told that its elements, albu-

men, fibrin, and casein, are not changed in their chemical composition. In his work on Animal Chemistry, Liebig tells us, "The clear gastric juice contains a substance in a state of transformation, by the contact of which with those constituents of the food, which by themselves are insoluble in water, the latter acquire, in virtue of a new grouping of their atoms, the property of dissolving that fluid. During digestion the gastric juice when separated is found to contain a free mineral acid, the presence of which checks all further change. That the food is rendered soluble quite independent of the *vitality* of the digestive organs, has been proved by a number of the most beautiful experiments. Food, enclosed in perforated metallic tubes, so that it could not come in contact with the stomach, was found to disappear as rapidly, and to be as perfectly digested, as if the covering had been absent; and fresh gastric juice, out of the body, when boiled white of egg or muscular fibre was kept in contact with it for some time, at the temperature of the body, caused these substances to lose the solid form and to dissolve in the liquid." By this it appears that in chymification the elements of the food undergo no change except that of being dissolved, and made to assume a form ready for assimilation.

If then the constituents of the food derived from animal or vegetable matter be the same, and are not altered by chymification, but pass immediately into the blood unchanged, it is reasonable to suppose that considerations founded on something else than nutrition must operate on an individual who prefers vegetable to animal food.

Concerning the supposition that animal food makes those who use it vicious and sanguine in disposition, I have only to say, that such speculations seem more likely to have had their origin in the imagination, than in reason, or a careful and an extensive observance of the influence of food on the habits and dispositions of animals. Like causes, under like circumstances, must give rise to something like the same effects. How, then, is it possible for animal, which, as we have seen, differs in no respect from vegetable food, to give rise to consequences which the latter is entirely incapable of producing.

Into a consideration of the *morality* of eating animal food we shall not enter. This question belongs to the department of theology, and by the Divine Code only can it be settled.—DR. DAWSON, in *Western Medical and Surgical Journal*.

#### CASE OF EXTR-UTERINE PREGNANCY.

By Edw. Whinery, M.D., of Ft. Madison, Iowa.

ON the 23d of May, 1845, I saw Mrs. M. Foster. She was confined to her bed and complained of much debility. There was a tumor in the abdomen that extended from the anterior iliac spine of the right side as high as the umbilicus, and passing the linea alba, so as to occupy three fourths of the abdomen. It was pretty firm and even in shape, slightly elongated towards the left hypochondrium. There was much tenderness upon pressure. There was also pain, intermitting, as in parturition. My inquiries drew forth the following history of herself.



When a child she had been cast among strangers to have an existence. She was healthy, and menstruated at 15; did not know what it meant; on the third day went to a spring and washed her linen. The consequence was immediate suppression of the menses. Much pain and difficulty followed; and thus she lingered some two years without the aid of a physician. She was dropsical and health fast declining, but received medical aid in time to be restored. At the age of 20 she married, and in about a year gave birth to a child, and again to a second in a year and a half from the first. After this second birth she observed a tumor in the abdomen at the right side, and that there was motion in it. In a month she was seized with severe pain—intermitting, and resembling those in the incipient stage of labor. Dr. Thomas, of Schoolcraft, Michigan, saw her; applied fomentations, &c. Pain continued a week and ceased. Her health became good, though she still felt the motion in the tumor. She became pregnant again, and in a year and eight months gave birth to a third child. After this last birth she still observed the tumor, and that it had enlarged since the previous birth. In a week she again had pain which continued a week, as before, and in three weeks there was a recurrence, and thus it continued to recur every fourth week until I saw her, generally lasting nine or ten days at each period. There was slight hemorrhage at each pain, which was taken by physicians and nurses to be menstruous. The motion in the tumor was most distinctly felt when there was pain.

When I saw her (eighteen months after the birth of her last child) a period of these parturient pains was about closing, having lasted nine days. The motion in the tumor had ceased for the first time a few days previously. She believed she knew the instant that death took place, and that it was in one of her most violent pains. The tumor lost its natural feel, and, as she expressed it, spread itself out over the bowels and felt flabby and dead.

My prognosis was extra-uterine pregnancy—that at the second conception there had been a uterine and an extra-uterine conception.

I endeavored to address her understanding by presenting our theory of conception, and also the probable cause of extra-uterine conceptions. That from some cause the passage of the right Fallopian tube had been obstructed, probably from inflammation at the time of the suppression of the menses; that the ovarium of that side had remained healthy. I referred her to a case I published in 1842, in the *New York Medical Gazette*, Vol. I., No. 26. She is quite an intelligent woman, and understood the matter with little difficulty. But the case was a different one. Instead of the foetus having lived only five months, this had lived nearly four years. What could be done?

I proposed, as the only means that offered a reasonable prospect of success, to perform the operation of paracentesis abdominis, and to extract the tumor. To this she unhesitatingly assented, saying she had already suffered a hundred times as much as she could in the operation; and that she had great curiosity to know the true nature of her case. If there was nothing done she could not live—if the operation was performed she could but die. I directed a portion of calomel and oil, and fixed

on the 2d of June to operate; promising to have in attendance a medical friend with whom I could advise. The day arrived, and my friend was absent. I visited her on the 4th, with the intention of having it put off until he would return, or we could select another. She was not willing to have it delayed and suffer another period of pain; said I was the only one who had seemed to understand her case, and she was willing for me to operate without the advice of another. I consented to operate alone.

I made an incision in the linea alba about four inches in length. After cutting through the integuments, linea alba, &c., the knife came in contact with a hard gritty substance, three or four lines in thickness. Upon cutting through this, a dark brown fluid was discharged to the amount of three or four quarts. She became very faint, so that I thought it best to desist from further efforts. I applied a simple bandage and thus closed the orifice; gave an anodyne and enjoined quietude and a repetition of the morphine next day. The smell of the fluid discharged was not very different from that of the liquor amnii.

On the 6th visited her—found her pretty comfortable—some more tenderness of the abdomen. The orifice had probably discharged a gallon, and was still discharging. I directed a decoction of senna to move the bowels, to be followed with an anodyne; light diet and quietude enjoined.

8th.—Again visited her; found her free from febrile or inflammatory symptoms; pulse weak; and general sinking of the nervous system; the discharge very offensive in smell. Gave three grs. of quinine in a little porter, to be repeated once in four hours, and directed antiseptic applications to the abdomen.

10th.—Symptoms improved; pulse full and soft; smell of the discharge offensive. Directed three grs. sulph. quinine to be given daily in porter, and, if necessary, decoction of senna.

15th.—Found her improved; less tenderness of the abdomen; no discharge: appetite good; ordered porter and a generous diet.

24th.—Comfortable; appetite good; discharge offensive; less debility; continuation of treatment.

4th July.—No particular change; continuation of treatment.

17th.—Visited her. On the 15th, while sitting in a chair having the dressing changed, a bone presented itself at the orifice. She took hold of it, turned it, and took it out, and immediately there followed a mass of bones, hair, and putrid matter. She grew faint, and as soon as the matter could be removed was placed on a bed and the bandage properly adjusted, and pressure applied by the hands of an assistant to promote the discharge. They preserved two of as large bones as they could select, and a bunch of hair, some of which is five inches long. The remainder they buried. I had it dug up and satisfied myself that it had been a monstrosity, but did not examine it with sufficient care to enable me to give a description of it that would be interesting.

The discharge, after the main mass escaped, was small, and gradually

grew less in quantity and in offensiveness, and ceased altogether in about five weeks, and the integuments closed by adhesion.

I saw her about the latter part of December. Her health had become good. The menses had returned, and the only difficulty was a large abdominal hernia. This I have remedied with a truss.—*American Journal of the Medical Sciences.*

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#### VOMITING PRODUCED BY TITILLATION OF THE FAUCES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Although there may be nothing original in the treatment of the following case, yet I consider it of some importance, inasmuch as it tends to show that the practice is entitled to more consideration at the hands of the profession than it has hitherto received.

A few years since I was called to a case of pneumonia in a child about one year and a half old. The patient, prior to my visiting it, had gone through with a regular course of Thomsonian treatment, and to all appearance was beyond the reach of the most judicious prescription which could be devised. The countenance was pallid in the extreme; pulse scarcely perceptible; surface cold, and of a cadaverous appearance; eyes fixed, and turned back in their sockets; respiration laborious; whilst to all these was added the prospect of suffocation from a large accumulation of mucus which had taken place along the whole course of the respiratory organs, and which the prostrate energies of nature in vain might labor to remove. Antimony and ipecac. were prescribed as an emetic, in the most *liberal doses*; but without producing the slightest apparent effect; and, indeed, under the circumstances which existed, I very much question whether vomiting could have been produced by the most efficient remedies in doses compatible with the safety of the patient. Recourse was consequently had to the titillation of the fauces by the use of a goose quill, previously dipped in warm water, and the use of which was followed by immediate vomiting, and the discharge of a large quantity of mucus from the stomach and respiratory organs. The result was a *temporary* relief of all the symptoms, which was at length followed by a return of them, when the same means were again put in requisition, and with the same satisfactory effect. The operation was repeated at intervals (according to circumstances) for several times, without any further use of emetics; and it may be proper to add, that vomiting only occurred when produced by titillation of the fauces in the above manner. To say the least of it, the fauces could at all times be excited to a sufficient extent to produce a revulsive action of the stomach, whilst that organ was incapable of such an effect from the more direct and common means. The happy termination of the above case, and others which I have had more recently, seem to warrant the following conclusions, viz., that vomiting may be produced sympathetically, through the medium of the fauces, when the same effect cannot be produced by the most active means when directly applied to the stomach itself; and that in many



cases titillation of the fauces is the most safe, successful and immediate means for producing vomiting, whilst emetics only fulfil a subservient office, and should be depended upon as an auxiliary solely.

Are these conclusions, Mr. Editor, correct? And are they in accordance with general experience and observation? For myself, they are the result of a *few* years' practice; but from the comparatively limited experience which I have had for pathological observation, they are, in my own view at least, tolerably well established.

Phoenix, N. Y., April, 1846.

Yours respectfully,

N. WILLIAMS, M.D.

### CURES THROUGH THE IMAGINATION.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Journal of April 15th there are several remarkable cases related of the influence of the imagination in the cure of diseases. The quotations from M. Magendie, and the effect of music in relieving catalepsy, show how intimately and powerfully the mental and corporeal systems are connected. But these cases are by no means so completely to the point, as the one given by Dr. Ingalls of the effect of the imagination in the cure of his rectum, aided by a *large* dose of muriate of soda. The doctor still labors under a remarkable mental hallucination in supposing that the inconceivably small dose of table salt contained in the five globules "of the thirtieth potency," had the least to do with the cure; although it might have "undergone the dynamizing process of Hahnemann," or the cabalistic incantations of some Hindoo medicine-man. If he could daily take both "large quantities," and at times, undoubtedly, quantities, by accident, as small as the homœopathic dose of five globules, either in drink or food, without the "sensation as if the minimæ vasculæ were in a state of slight distention," it seems to me that the imagination must have had some agency in the effect. The doctor must pardon me for doubting his sanity, and for suggesting to some of the many excellent institutions for those thus affected, to be found in Massachusetts, that here is a proper case for their treatment. If, however, a jury should acquit a man of insanity, who can boldly stand up and relate such a case, and contend that the means were an adequate cause for the effect produced, they must certainly convict him of insapiency. If he is sane, he is not sapient. Did neither the previous treatment and regimen nor the recuperative power of nature have anything to do with the favorable termination? Both seem to me much more likely to have effected the object.

In a *fortnight* after he took two more globules "of the thirtieth potency"! The greater the dilution the more active the dose. In inverse ratio—the more important the cause, the more potent the effect! I think Dr. Ingalls may well agitate the question of *sequence or consequence*. My powers of apprehension must undergo this "dynamizing process," before I am sufficiently "potent" to understand philosophy of this kind.

C——, N. H., April, 1846.

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## FASCINATION OF SERPENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—The following account relating to the contested point of the *fascination of serpents*, was cut from a newspaper, and is forwarded to you. It struck me, upon first reading it, as the most plausible hypothesis which I had ever seen. This was a few years past. Happening to come across it at this time, it occurred to me forward it to you, that you might, if you thought fit, preserve it upon the pages of your Journal. As the occurrence happened in my own county, I made some inquiry respecting Mr. Gallup, and have no reason to think but that he was a respectable and veracious man.

Yours truly, JOSEPH COMSTOCK.

Lebanon, Ct., April, 1846.

A correspondent of the New York Courier, commenting upon the death of Dr. Stadlin, at Saratoga, a year or two since, by the bite of a rattle snake, remarks as follows relative to the fascination so generally imputed to the rattle snake :

“ The serpent’s power to charm is regarded with scepticism by a great many, but there are very many authentic instances on record. In Williams’s History of Vermont, a high authority, you will find some very interesting facts and comments on this subject ; but a case has come within my own knowledge which is worthy of publication and may throw some light upon it. It has generally been believed to be the fascination of the serpent’s eye. This may have some effect, for probably there is no living eye which has such piercing brilliancy and fascinating beauty ; but I have seen little birds under the spell, fluttering about the snake and drawing gradually, like the infatuated votary of vice, to its deadly tempter. It cannot be this altogether. The snake at such times keeps its head vibrating, its forked tongue darting, and its tail trembling, while the whole body moves like that of a creeping caterpillar. The case alluded to above was related to me by Nehemiah Gallup, a revolutionary veteran who died about a year since, in Groton, Ct. He said that, in the revolutionary war, when attached to Fort Griswold, in that town, opposite to New London, he, in company with a number of other soldiers, went out on a hunting excursion, and finding a rattle snake, some of which are occasionally killed in that town, they fixed their bayonets, and forming a circle amused themselves by teasing him, till they all began to grow giddy and sick, when they killed him. They went on their way, thinking no more about it, but gradually grew worse, and on reaching their quarters were so seriously indisposed as to require medical advice : being troubled with excessive nausea at the stomach and vomiting. The physician made particular inquiry in reference to their food, &c., for some time previous, when one of them accidentally told of their adventure with the snake. He at once replied that he was no longer at a loss to account for their sickness, and inquired if they perceived any peculiar odor at the time. They each recollected that they did. He replied, “ I have seen on the lines in the State of New York many instances of this kind. That snake was charming you with a stupefying effusion which they emit at pleasure,

and had you not despatched him as you did, probably he would have despatched some of you.' He gave emetics, and they recovered. 'Many years afterwards,' said Mr. Gallup, 'I went into a room where two rattlesnakes were exhibited, and immediately on entering the room, perceived the same odor, though not so strong, and was so sick that I had to leave the room.' I have never seen this idea advanced by any one else. It seems more reasonable than the other, and is worthy of consideration."

#### POPLITEAL ANEURISM SUCCESSFULLY TREATED BY PRESSURE.

[THE following discussion on a most interesting branch of surgery occurred at a meeting of the Medical Society of London on the 16th of March last.]

The patient, John R——, aged 32, a tailor, an unhealthy man, was admitted at Blenheim street Dispensary, Sept. 7th, 1845, with popliteal aneurism of the left leg. The treatment, by compression with Signoroni's tourniquet, was commenced Sept. 12th. The pulsation ceased on the twentieth day, but returned on the twenty-second day, accompanied by great swelling, tenderness, and increase in size of the tumor. Some leeches were applied; the tenderness subsided, but the swelling, pulsation and bruits, remained. During the last forty-four days of the treatment, direct pressure by a pad and bandage was made on the aneurism, under which treatment the pulsation and bruit had ceased on the 12th of December, 1845, the treatment having occupied ninety-one days. Mr. Storks adverted to the statistics collected by Mr. B. Phillips, which proved the dangerous results to be expected from the Hunterian operation, and stated, that of sixteen cases subjected to the treatment by compression, contained in a table accompanying the paper, only two had been unsuccessful, as far as the life of the patient was concerned; and in fifteen of the cases the disease had been cured. Mr. Storks remarked that, in the two unsuccessful cases, one (that of Mr. Cusack) could hardly be considered unsuccessful, as far as the question of this plan of treatment was concerned, the patient dying from disease of the heart forty-eight hours after pulsation had ceased in the aneurism. In the second case, Mr. Storks attributed the want of success to the great irritability of the patient, and to the fact of the pressure being used too forcibly at first. It was a matter of importance to ascertain what changes were produced in the artery at the point of compression, and whether such changes were calculated to embarrass the operator or affect the success of the operation. He alluded to three cases in which an opportunity was afforded of examining the artery during life or after death, and nothing but slight condensation of the sheath was found to have taken place. After some observations on the leading points in the above case, and some statistical deductions from the table accompanying the paper, Mr. Storks concludes by urging the necessity of pressure being fairly tried before the Hunterian operation is resorted to.

In answer to questions, Mr. Storks stated that only one instrument was



used ; the patient shifted it himself. There was no evidence of any disease in the system, but the patient had an irritable heart. The knee-joint was not enlarged, but the artery was in much the same condition as though the Hunterian operation had been performed ; the tumor was solid and pulseless.

Mr. Hancock doubted if the case were cured. The swelling in the ham, and twitches in the leg, which still existed, made him doubt the entire success of the operation. He showed by statistics that the operation for popliteal aneurism was less dangerous and fatal than represented in books. He related some successful cases which had occurred in his own practice.

Mr. Crisp said, that the fallacy existing respecting the statistics of operations for aneurism, consisted in Mr. Philips having confined his account to aneurism of the larger vessels. In popliteal aneurism the failure by operation would be found to be nearer one in fifteen cases than one in three. In many cases he believed that pressure would do away with the necessity for the ligature. In Dublin, such was the feeling in favor of pressure, that no surgeon would tie the femoral artery until compression had failed. He believed that when compression was properly applied, it would be generally successful. The comparative freedom from danger of the two proceedings—that of ligature and pressure, was decidedly in favor of the latter, and if pressure did fail, it only rendered the case more favorable for the employment of the ligature.

Mr. Storks said that his case was as completely cured as it could have been by ligature. He defended the treatment by compression, and showed that, when properly applied, it had been always successful.

Mr. Hancock recollected a case successfully treated by the late Mr. Lynn, fifteen years ago, by compression. He abstracted blood occasionally.

Mr. Hird said that the treatment by pressure was very old, though now it was somewhat modified. He regarded the ligature of the femoral artery, even by the improved operation of Scarpa, as a hazardous proceeding. Were all cases of popliteal aneurism equally favorable for compression ? In the case of Mr. Storks, the man was not healthy ; if healthy, would it have rendered the treatment less efficacious ? He bore witness to the accuracy of Mr. Crisp's statement regarding ligature of the femoral artery by the surgeons of Dublin. The appearance in this case, and in others treated by compression, was such as obtained after ligature. He should be of opinion that the aneurism was less liable to return after compression than after ligature.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, MAY 6, 1846.

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*Synoptical View of Homœopathy.*—In February last, the Medical Society of the County of Onondaga, N. Y., listened to a report containing

a *synoptical view* of the principles of homœopathy, by H. Hoyt, M.D., chairman of a committee raised to make inquiry into the principles of the little or no medicine system. It is a thorough, well-prepared paper, that dips deeply into the very recesses of the doctrine. Dr. Hoyt was evidently well warmed by his subject. The world, or a pretty important part of it, has full faith in the potency of diluted star-light, simply because people hunger after some exciting, spirit-stirring, newly-invented thing. There is no choice in regard to what makes the commotion, provided it goes bravely on. Homœopathy, therefore, has been a dainty morsel from the beginning, more particularly so because it makes such vast demands upon one's faith. Dr. Hoyt's exhibition of all sides of the question, extends through 71 12mo pages, in the present pamphlet, which was issued at the expense of the Society. The arguments to show the worthlessness of the system are both numerous and cogent.

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*Physiological Anatomy.*—Messrs. Ticknor & Co. have sent us a book of real value, from the press of Messrs. Lea & Blanchard, Philadelphia, called "The Elements of Physiology, including Physiological Anatomy, for the use of medical students, by Wm. B. Carpenter, M.D., &c., with one hundred and eighty illustrations." It is a large octavo, containing 566 pages. The drawings are on wood, but are excellent, being not only beautifully executed, but also admirably distinct to the smallest line. The works of this learned author, thus far, are—The Principles of General and Comparative Physiology, with numerous illustrations, soon to be published; Principles of Human Physiology, with plates; and a Popular Treatise on Vegetable Physiology. Dr. Carpenter is perfectly at home in the labyrinths of this captivating science. His mind is constituted for patient, deep research into the whys and wherefores of nature. But his profound acquirements have neither made him hard to be understood, or pedantic in displaying his own or the opinions of others. The late President Griffin, of Williams College, said that it was a rare gift to be able to teach others what we know ourselves. No one who follows Dr. Carpenter through the forest of thought, and of fact, and the conclusions drawn from the records nature has laid open for inspection, will deny him the just praise of having eminently contributed to the advancement of students in the fundamental doctrines of the science of medicine. The work we are now particularly noticing, is full of interest to all orders of readers. Still, its appropriate place is in the hands of medical students. May they profit by its instruction.

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*Massachusetts Asylum for the Blind.*—Steadily pursuing the benevolent objects originally contemplated, extraordinary results have crowned the efforts of the institution. The fourteenth annual report is published, which shows not only a good condition of the machinery of the Asylum, but more, a progressive improvement, as gratifying as it is important to the pupils and beneficiaries. Dr. Howe has given a character to the Perkins Institution, which will live long after he ceases to be sensible to the praises that shall be bestowed upon his labors.

At the present juncture, as for a year or two past, Lanra Bridgman, and, likewise, Oliver Carson, both blind, deaf and dumb, excite the

greatest amount of sympathy, surprise and delight. Their intellect is approached through the ends of their fingers—and under all the embarrassments attending the approach in that only highway to their minds, the buds of knowledge are gradually unfolding, to exhibit mental phenomena not contemplated when their education was commenced. "The last year," says Dr. H., "especially, has been one of great difficulty and great danger; for the period has arrived when the natural tendency of every human soul to separate and independent individualism, becomes very strong; that critical period, when there is often a severe and sometimes fatal struggle between the conservative spirit of the old, who would stunt the growth of the young and keep them in the dependence of childhood, and the aspiring spirit of the young, which irresistibly impels them to independence."

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*The Rejected Article.*—On the 9th of January Dr. S. P. White, of New York, removed a tumor from the shoulder of a lady, which gave rise to a profuse hemorrhage, &c. We learn this from a published pamphlet, by A. L. Cox, M.D., of New York, with the following title, viz.: "The Rejected Article, in Reply to Dr. S. P. White's case of Tumor of the Shoulder, in the May No. of the New York Journal of Medicine and the Collateral Sciences—with introductory remarks, containing a true statement of the facts in relation to the case." This must necessarily have a local interest, if it has any at all. Nothing is more common than for medical men to disagree; yet all christendom is rarely disturbed by the misunderstandings or disagreements of individuals. It is a pity that a small tumor should have produced either a great quarrel or a great pamphlet. We wish the parties a happy reconciliation, and are quite willing to hope that no important or marked prejudices will be allowed to exist between two honest men who are ambitious to excel in operative surgery.

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*New York Eye and Ear Infirmary.*—The twenty-fifth annual report of this Institution, an abstract of which has been published in some of the papers, shows that the institution, like the Eye and Ear Infirmary in Boston, has accomplished a vast amount of good. In 1845 the number of cases was 1550. Patients are constantly increasing, but the surgeons are embarrassed for want of such accommodations as the nature of the cases coming under their care urgently demands.

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*Popular Anatomy.*—According to the Bangor, Me., Democrat, Dr Darling has been delivering popular lectures on elementary anatomy in that city, which were received with marked approbation. Surely no subject is of more importance to the whole community, than a general knowledge of the complicated mechanism of the human frame. A growing disposition is manifested for this knowledge, which should meet with decided encouragement whenever and wherever an opportunity is presented for profiting by competent instructors. When the principles of physiology and anatomy become a part of a common school education, as they should, life will have a higher value than it now has in public estimation. We have heard Dr. Darling spoken of before, as having a happy method of.



familiarizing his audience with the essential points in general anatomy, and feel gratified, therefore, that his labors are so well appreciated at the East.

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*The Lunatic Asylum at Worcester.*—The friends of this institution will regret to learn that Dr. Woodward, who from its commencement has so successfully presided over its internal arrangements, is about to resign his important trust. He retires to the delightful town of Northampton, where, we understand, his attention will not be altogether withdrawn from the department of his profession which for so many important years of his life has almost exclusively occupied his attention. He carries with him the respect of all who are aware of the improvement in the treatment of the insane which has been so greatly helped forward in the institution under his care, and the gratitude of the many who have been restored to reason by his skill. His successor has not yet been appointed.

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*Infanticide in the Kingsmill Islands.*—Capt. Wilkes has recorded some striking facts in his Exploring Expedition, which put modern science into the shade. The method by which abortion is produced by the savage inhabitants of the group of Islands called Kingsmill, is without a parallel, and certainly much more refined in detail, than that of the wicked Madame Restell, of New York notoriety.

A woman, says the Captain, has seldom more than two and never than three living children. After the birth of a third, they consider it necessary to prevent the increase of their families, and resort to that most unnatural means, *systematic abortion*. So soon as a female believes herself enceinte for the third or fourth time, she determines that the offspring shall not survive, and, therefore, calls in the aid of an experienced midwife, such as practise the art, to destroy the rudimental being, which is effected by pressing on the abdomen and back. The operation is not attended with much pain or difficulty to the mother, and when this course is adopted, it rarely fails to produce the result intended. Strange as it may appear to us, the practice is viewed without horror or shame, from the circumstance that the public sentiment is in favor of preventing families from becoming too large. The custom of destroying fetal life is universal among the unmarried females, but children, when born, are never killed.

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*Cholera at Ceylon.*—That scourge of the East, cholera, which has obtained a foothold that after ages cannot easily remove, has been making dreadful havoc at Ceylon, and some other places. On the 13th of January there was a grand sacrifice of cocks, rams and buffaloes. The public ceremonies closed by allowing a *scapegoat* run from the assembled multitude, a bearer of all the sins of the afflicted people. There is a certain goddess *Mari-Annal*, who is presumed to conduct the pestilence, but having a far greater liking to the blood of cocks and rams than to a precarious living otherwise, she is always remarkably kind when honored profusely. She likes good measure and fat quarters.

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*The Louisiana Medico-Chirurgical Society* offers a prize (a gold medal, of the value of one hundred dollars), for the best essay written in English

or in French, on *Strictures of the Urethra, with their treatment*. The communications must be accompanied with a letter and corresponding mottoes, addressed to the President of the Society. The prize will be awarded on the first Wednesday of April, 1847.—*St. Louis Medical and Surgical Journal*.

*Remedy for Odontalgia*.—Dr. Thomas W. Carter, one of our recent graduates, has furnished us with the following recipe for tooth-ache, which he declares has never failed in his hands in a single instance. R. Ether sulph., tinct. camphoræ, tinct. opii, equal parts. Mix. A piece of lint or cotton thoroughly wet with the lotion is to be introduced into the affected tooth, and suffered to remain until the pain subsides, which will usually take place in one or two minutes.—*Southern Med. Journal*.

*Medical Miscellany*.—A Mr. William Brigden is said to have lately died in Blagden Co., N. C., in the 124th year of his age.—Measles is beginning again to be quite prevalent in many parts of New England.—Smallpox still continues in full force, and will never subside till the people are universally vaccinated.—Stockton's Dental Intelligencer appears in the octavo form, and is edited in England by Mr. Robinson.—Upwards of forty surgeons, belonging to the East India service, now in England on leave of absence, are all ordered back.—A man who formerly resided on the Island of Martinique, is represented to have been the father of thirty sons by one wife.—An aged man and his wife are living in Boston, who have had twenty-four children.

MARRIED,—At Salem, Edward B. Peirson, M.D., to Miss Catharine Pickman Saltonstall.

*Report of Deaths in Boston*—for the week ending May 2nd, 54.—Males, 31, females, 23. Stillborn, 10. Of consumption, 6—smallpox, 6—measles, 6—throat distemper, 1—dropsy of the brain, 2—debility, 1—intemperance, 2—rupture of bloodvessel, 1—convulsions, 1—burns, 1—scarlet fever, 5—rheumatism, 1—pleurisy, 1—lung fever, 1—jaundice, 1—infantile, 6—teething, 1—inflammation of the lungs, 2—accidental, 1—cancer, 1—hip disease, 1—inflammation of the bowels, 1—disease of the heart, 1—delirium tremens, 1—canker, 1—unknown, 2.

Under 5 years, 22—between 5 and 20 years, 8—between 20 and 40 years, 9—between 40 and 60 years, 2—over 60 years, 6.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| April. | Therm.        | Barometer.          | Wind. | April. | Therm.        | Barometer.          | Wind. |
|--------|---------------|---------------------|-------|--------|---------------|---------------------|-------|
| 1      | from 32 to 45 | from 29.67 to 29.73 | N W   | 16     | from 29 to 51 | from 29.53 to 29.78 | S W   |
| 2      | 29 49         | 29.73 29.77         | N W   | 17     | 36 62         | 29.60 29.70         | S W   |
| 3      | 31 51         | 29.75 29.80         | N E   | 18     | 46 77         | 29.40 29.56         | S W   |
| 4      | 27 58         | 29.67 29.93         | N E   | 19     | 52 64         | 29.30 29.40         | N W   |
| 5      | 30 58         | 29.56 29.92         | S W   | 20     | 42 67         | 29.54 29.70         | W     |
| 6      | 40 63         | 29.60 29.83         | N W   | 21     | 54 83         | 29.26 29.46         | S W   |
| 7      | 43 63         | 29.69 29.88         | S     | 22     | 43 66         | 29.46 29.46         | S W   |
| 8      | 43 53         | 29.50 29.50         | N W   | 23     | 48 74         | 29.37 29.40         | S W   |
| 9      | 33 57         | 29.59 29.60         | S W   | 24     | 52 75         | 29.05 29.24         | N W   |
| 10     | 32 64         | 29.52 29.71         | S W   | 25     | 38 60         | 29.36 29.36         | N E   |
| 11     | 46 62         | 29.06 29.33         | S W   | 26     | 32 58         | 29.15 29.33         | N W   |
| 12     | 43 43         | 28.93 29.11         | S W   | 27     | 41 68         | 29.18 29.24         | N W   |
| 13     | 30 42         | 28.93 29.50         | N W   | 28     | 46 74         | 29.30 29.36         | N E   |
| 14     | 27 45         | 29.35 29.76         | N W   | 29     | 40 65         | 29.20 29.39         | S E   |
| 15     | 36 43         | 29.16 29.46         | N W   | 30     | 47 54         | 29.07 29.10         | N E   |

This month has been pleasant, mild, and favorable for the labor of the husbandman. The month has been dry; little rain having fallen till the night of the 29th, when one inch fell. The fruit trees are in full blossom. April 2d, Trailing Arbutus in blossom; 3d, Daphne Mezereum; 9th, Crocus; 10th, Red Maple and Elm; 12th, Bloodroot; 16th, Liverwort; 17th, Daffodil and Blue Bell; 22d, Hyacinth; 24th, Cherry and Plum Trees; 25th, Peach Trees; 27th, Shadbark and Wild Cherry; 28th, Missouri Currant. Range of the Thermometer, from 29° to 83°. Barometer, from 28.93 to 29.93. Rain, 1.34 inches.

*New Haven Medical Society.*—At the Annual New Haven County Meeting of the Connecticut Medical Society, held at the Park House, Thursday, April 9th, 1846, Andrew French, M.D., of Milford, was elected *Chairman*. P. A. Jewett, M.D., of New Haven, *Clerk*. Samuel P. Church, M.D., William W. Rodman, M.D., A. N. Bell, M.D., and John W. Hubbell, M.D., were admitted members of the Society. The following were elected *Fellows*:—Eli Ives, M.D., W. L. Lay, M.D., Charles Hooker, M.D., Anson Moody, M.D., and M. C. Leavenworth, M.D.

*Committee of Publication.*—E. Ives, M.D., J. Knight, M.D., and C. Hooker, M.D.

*Committee on Credentials.*—V. M. Dow, M.D., J. Canfield, M.D., and Henry Bronson, M.D.

*County Student.*—Mr. George E. Buddington, of New Haven.

*Dissertators.*—George O. Sumner, M.D., and W. W. Rodman, M.D. Dr. A. Beardsley, of Birmingham, read a dissertation on *Scarlatina*, and Dr. D. A. Tyler, of New Haven, on the *Hamamelis Virginiana* or *Witch Hazel*. Dr. Eli Ives read a continuation of his sketch of the New Haven County Medical Society, being a short sketch of the life and character of Dr. Aeneas Monson.

*Fractures of the Ribs.*—M. Lisfranc has introduced what is said to be a modification in the treatment of this accident, the importance of which experience confirms. Pressure exercised on an oval body acts with more force in the direction of the longest diameter; and the transverse is generally greater than the antero-posterior diameter of the thorax. Accordingly, the pressure of a bandage, embracing the whole circumference of the chest, is greatest at the lateral parts, and thus must tend to press the ends of the bone *inwards*, instead of fulfilling the indication of directing them *outwards*. For the latter purpose compresses, about four inches wide, should be placed over the sternum; so graduated, that the antero-posterior not only equals but even exceeds the lateral diameter.

This principle of treatment is undoubtedly correct, and we believe it is admitted by Mr. Samuel Cooper and others; at the same time it is very seldom acted upon in this country, and perhaps in consequence of the omission, the bandages have frequently to be removed altogether to obviate the pain produced in respiration by the fractured extremity of the bone.—*Ancell's Report in Ranking's Abstract*, vol. ii. from *Gazette des Hôpitaux*, July 8, 1845.

*New Medical Works in London.*—Lectures illustrative of the various subjects in Pathology and Surgery. By Sir Benj. C. Brodie, Bart., F.R.S., Foreign Correspondent of the Institute of France, &c.—A Practical Treatise on Abdominal Hernia. By Tho. Pridgin Teale, F.L.S., Fellow of the Royal College of Surgeons, and Surgeon to the Leeds General Infirmary.—On Disorders of the Cerebral Circulation, and on the Connection between Affections of the Brain and Diseases of the Heart. By George Burrows, M.D.—The Surgical and Mechanical Treatment of the Teeth, including Dental Mechanics, &c. &c. By James Robinson, Surgeon-Dentist to the Metropolitan Hospital, &c.



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## OPHTHALMOLOGY.

By Robert King Stone, M.D., of Washington, D. C., now residing at Paris.

[Communicated for the Boston Medical and Surgical Journal.]

A GENERAL objection has been made to the schools of Paris, that although much diagnostic power may be there acquired, one is enfeebled in his practice. Without particularly noticing this sweeping application, we must make an exception as regards the diseases of the eye. Such undoubtedly is the conclusion of those, who have the pleasure of Professor Desmarres's instructions, who have beheld his unerring diagnosis, his bold decisive treatment and flattering successes.

An extensive practice having prevented this gentleman from completing the work, upon which he has been for some time engaged, many of his ingenious processes are of course hidden from those who have not had the good fortune to enjoy the public instruction of this leader in a new school of ophthalmology. For this reason, I offer a hasty sketch of some important processes, with the further desire of directing the attention of American surgeons to his promised work.

For years past, physicians have acknowledged the omnipotent sway of the German writers; but here their power is fast yielding, and newer, simpler doctrines guide the leader of the Parisian school. The nomenclature of the former is vanishing, and one rarely hears of the catarrhal, the scrofulous and rheumatismal ophthalmia, as the French adopt a simpler method, and designate the anatomical lesions as they appear. Where the German would tell you a catarrhal ophthalmia existed, here the eyelids are everted and the existence of a simple or granular conjunctivitis is demonstrated. The one speaks of a scrofulous ophthalmia, a depraved constitution, and wastes his time in a solely general treatment; the other shows a pustular inflammation, and treats a local disease, whilst at the same time he watches the impaired constitution of his patient. The French surgeon admits that inflammation, in strumous patients, may be modified by the diathesis, yet he will not grant the expediency of believing it to be dependent on that general constitution, and that the latter alone is to be regarded.

The German talks of a rheumatismal ophthalmia, bleeds his patient, and gives colchicum, because he sees an extraordinary injection of the sclerotic, whilst his wiser opponent merely observes a sympathetic engorgement of the sub-conjunctival cellular tissue. But in rejecting also the ideas of

a rheumatismal ophthalmia, it is not intended to say that there can be no such inflammation of the fibrous sclerotica ; he is far from advancing such a doctrine, and merely maintains, that if such occur, it is purely exceptional. He opposes this sweeping classification of the German school, and supports his objections by facts. The very infant in its cradle, in whose case we have no reason to suspect the existence of a rheumatismal tendency, affords him a means of combating this opinion ; for are not these injections seen in their cases, when there exists solely, as a cause, a keratitis, an iritis, or a pustular inflammation ? Upon what, then, does it depend ? The laws of the general system are perfectly applicable here, and the same sympathy, or inflammation by contiguity of tissue, must have its usual course. The membranes of the eye derive their vascularity from the same sources, and if the external are highly inflamed, this condition will be sympathetically propagated to the internal, and a relative excitement ensue. In like manner the course of the same process, being from the centre outwards, the same sympathetic injections are observed.

This sclerotical injection, then, depends upon the excitement of vessels, which in the normal state are minute and convey but a small portion of blood, an excitation produced by an highly inflammatory state of contiguous membranes, and in the great majority of cases has no relation whatever to an original affection of the sclerotica itself. We conclude, therefore, that if the original inflammation be intense, a general revulsive action is indicated, and when its effect is felt the surgeon can resort to his local treatment with benefit and safety.

It is only necessary to follow the cliniques of the French professor, to see the perfect accuracy of his statements ; for example, we will examine one of the causes of this injection, and although it is the feeblest, because the rarest of all those indicated, still it will serve to prove the truth of the doctrines advanced. A patient is presented with an intense inflammation, a sclerotical injection, with all the signs leading to the German diagnosis of rheumatismal ophthalmia. On everting the eyelids, what do we observe ? Large granulations, conical, flattened, and often so far advanced as to take on partial ossification. Here then is the evil ; the friction of these upon the highly sensitive mucous membrane is productive of this deep-seated inflammation, this so called rheumatismal ophthalmia. What can general treatment here avail ? will venesection, will colchicum, will the whole armory of medicine, reduce a granulation, if applied to the general system ?

But suppose that there is a favorable change, and that the inflammation subsides, can we consider the affair as terminated ? The friction of these granulations on the cornea must take place continually, a keratitis is the result, opacity takes place, ulcerations follow, with perforation and proclivencia iridis, and in many cases the eye is irremediably lost. We have here considered a well-marked instance, but such undoubtedly will be the result unless the granulations are attacked in their velvety stage, when local applications can avail.

Persons unaccustomed to French practice, would consider it exceedingly barbarous to introduce powerful astringents under the conditions of

such intense inflammation; they would fear too violent reaction, and rush into the error of a too general treatment, although experience had demonstrated the comparative excellence of the two methods.

In France, there is but one counter-indication to the use of powerful astringents, the coëxistence of an inflammation of the internal membranes. Should an iritis, for instance, exist, recourse should be had to calomel in small doses, to dilatations of the pupil with belladonna, the application of leeches to the temples, and frictions with mercurial ointment about the orbit; and when this condition is overcome, the external disease may be treated with sulphate of copper. This astringent is not used as a collyrium in these cases, as a much more certain effect is obtained by its application in substance: the eyelids are first everted, and this is by far the most difficult part of the operation, for, simple as it may seem, no little tact and delicacy are requisite. The palpebral mucous membrane being thus well exposed, the surgeon passes his crayon of sulphate of copper over its surface, and if this should be the first examination, the application must be gentle, or the most intense pain will be occasioned. During the course of the day, the patient is counselled to bathe the eye with cold water, and make use of a feeble collyrium of borax, or sulph. alum. et potass. On examining the eye, next day, the amelioration is astonishing, and it is only necessary to repeat the cauterization; proceeding in this manner for a few days, the practitioner will find his rheumatismal ophthalmia totally disappear, and often without the assistance of venesection, and certainly without dosing with colchicum, unless he chooses to use it as an ordinary purgative. His only duty now, is to watch for the exciting cause, and if the granulations reappear, they are to be immediately repressed by the free use of the astringent.

The nitrate of silver has been much prescribed in the acute diseases of the eye, and perhaps as much abused; although, as an escharotic, it is of the utmost importance, and when we wish to change a secreting surface, as in purulent ophthalmia, it cannot be replaced. And should the surgeon be much annoyed with an external ophthalmia, which resists all treatment, the nitrate of silver may change its nature, by rendering it traumatic, and thus more tractable under general and local antiphlogistic measures. In cases, too, of diphtheritic formations upon the conjunctiva from purulent ophthalmia, the surgeon cannot dispense with this powerful agent.

Those persons who objected to cauterization with the sulphate of copper, the fear of too violent reaction, most assuredly forgot that there was greater reason to distrust the nitrate of silver, as a single application of the latter collyrium undoubtedly increases the excitement of the organ, and instead of an alterative would produce a decidedly pernicious effect. But its instillation should not stop here, nor should the practitioner be content with its application twice or thrice during the course of the day; the collyrium in the first place should be strong, and in the proportion of grs. x. to ℥i. of water, and applied to the eye every half hour, *coup sur coup*, as indicated by M. Desmarres. Iced compresses are to be maintained during the intermediate intervals, and in the course of a few



hours there will result a sedative effect, a decided abortion of the inflammation. Useful as may be this remedy, still its dangers are so well known that the surgeon is unwilling to trust it in the hands of ignorant patients, who from a sensitiveness to pain, or forgetfulness, perhaps, may neglect the frequent instillations, and consequently produce, instead of an abortive effect, such re-action as to compromise all his efforts. Another objection may be opposed on the score of coquetry; to females of a certain position, the discoloration of the eyelids produced by the caustic, is sufficient to cause them to neglect a remedy which for a time thus impairs appearance.

For these reasons, the sulphate of copper in substance is preferred, as being milder, as being applicable by the surgeon himself, and regulated by his own judgment.

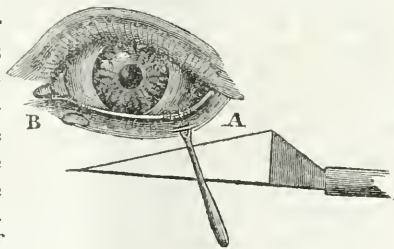
Another preparation is also frequently used, and is likewise applied in substance; this is composed of equal portions of the nitrates of silver and potash, moulded in crayons.

The acetate of lead is confined to the treatment of simple conjunctivitis; as it has been proved by cases in which ulceration of the cornea co-existed, that deposits of the metal were left in the wound, and an incurable opacity resulted.

In the use of all these astringents, it should be remembered that there is a scale in their application proportionate to the intensity of the inflammation for which they are prescribed; thus, purulent ophthalmia being the most intense of all, demands the use of the nitrate of silver in substance, whilst the others may be made to yield to cauterizations with the sulphate of copper.

Among the operative processes of M. Desmarres we will notice one, which is of exceeding simplicity, and has the effect of relieving a very annoying disease. The painful effects of trichiasis, or deviated ciliæ, as well as the inflammations and ulcerations of the cornea, which are so frequently its results, are perfectly well known. Perhaps more unavailing methods have been invented for this simple infirmity, than for most of the serious diseases of the eye; the extraction of the ciliæ is rendered null, by re-production; the process of burning the ciliary bulbs with red-hot pins, has led to erysipelas and deforming cicatrices of the palpebrum; the excision of a fold of integument has produced ectropion; in a word, all have failed. M. Desmarres introduces the points of a very fine double hook into the integument of the eyelid, entering about a line from the free edge of the tarsus, which is to be especially avoided by the instrument; the points are then to be brought out, just below where the ciliæ make their appearance at the edge of the lid. A small portion of the eyelid being thus commanded by the double hook, a cataract knife, or fine scalpel, is placed under it, just where the points first entered, and the surgeon cuts towards the free extremity, thus taking away the portion of integument held by the instrument. The most important part of the operation is to avoid wounding the tarsal cartilage with either instrument, in order to prevent any liability to ectropion from the injury. By this method, a small, oval portion of the integument at the base of the deviated ciliæ is

removed, and upon the cicatrix of this wound the cure is dependent. The next day, the deviated ciliæ are observed to approach the proper direction, and by the time cicatrization is perfect, they occupy their true position. The wound thus made is trifling, the scar is not perceptible ten days after the operation, and should there be more than one trichiasis on the same palpebrum, the operation may be instantly repeated, or at short intervals, so that the whole range of ciliæ may be placed in perfect order and with the greatest ease. The application of the double hook and the excision of the fold of integument, are seen at A of the figure, whilst B represents the wound caused by the operation.



Many cases of chronic photophobia in lymphatic patients, present themselves to the notice of surgeons, and every antiphlogistic measure in their power has failed to render the slightest benefit; in most instances it is dependent upon a sub-acute inflammation of the cornea; but be the cause what it may, the best treatment generally fails. The method of M. Desmarres is to apply the unguent of red precipitate, of which the following is the formula: *R. Butyri col., ʒij.; binox. rubr. hydrarg., camphoræ, āā grs. ij.* *M.* These ingredients must be well triturated in the porphyry; a light orange color indicates the excellence of the trituration; but if it should present a darker tint, the ointment must be rejected as being too powerful. A portion of this, not exceeding the size of the smallest pea, is introduced between the eyelids morning and night, and by means of external frictions on the globe, well spread over the surface of the eye. An alterative, excitant effect is produced, and in a week cases which may have resisted all treatment for months, will yield to its action. The same unguent is now made to take the place of insufflations of calomel and sugar in indolent, or so called scrofulous ulcerations of the cornea, and likewise can be most advantageously employed in chronic granulations.

Hernia, or proclidentia iridis, has most frequently baffled the surgeon, and the discovery of a new mode of treatment has the greatest importance in the ophthalmic art. The simplest physiological laws led M. Desmarres to his present mode of treatment, and the most flattering successes have crowned his efforts. The fundamental principle is derived from the old medical law of "*ubi stimulus, ibi affluxus.*" A perforating ulcer of the cornea having taken place, a proclidence of the iris immediately ensues, and if the reparative process goes on at all, it tends to throw out a plastic matter, so as to cause an adherence between the edges of the ulcer and the prolapsed iris, and thus prevent further hernia and a perfect destruction of the pupil. Each day, this plastic deposit increases in density, until a false membrane is formed, gluing the two together in such a manner that surgery can be of no avail, and that the pupil will be irreme-

diably lost or become exceedingly deformed. The question arises, can this adhesion be broken up; and the annals of surgery, hitherto, have responded in the negative; but fortunately this new process has given a happier turn to the subject. On looking at the lesion, we observe a cut edge of the cornea, and the minute vessels of this tissue throwing a plastic matter at each instant from their divided extremities, which tends to hold the prolapsed iris firmly to the parts. Now the idea occurred to M. Desmarres, that if he could excite these divided vessels to throw out a more fluid and abundant quantity of plasma, it would act as a local fomentation, and tend to soften the new and illy formed adhesions. To this external action, he desired assistance from within, and this was readily afforded by the contractility of the iris itself. With a crayon of the nitrate of silver, he touches the sclerotica at a short distance from the cornea, and as near as possible to the ulcer; this cauterization being a local stimulus, increases the vascularity of the part, and more plasma is thrown out, which fills the ulcerated cavity and bathes and softens the newly-formed adhesions. Next, he introduces between the lids an aqueous solution of belladonna, or applies the unguent along the course of the frontal nerve; in a short time, its reflected action is observed, the dilatation of the pupil takes place by degrees, the prolapsed iris is pulled upon, the soft adhesions yield, and, in a word, the hernia is reduced. Although so far fortunate, the duty of the surgeon has not yet ceased; should he yield his efforts for a moment, a new procidence might take place, or perhaps an adhesion of the iris to the cornea, or capsule of the lens. Let him then continue his instillations of belladonna incessantly, keeping the pupil dilated to the extent of his power, whilst he makes therapeutical applications to the perforating ulcer. He need not fear for the iris on account of the mydriasis he may produce, for the ulcer once being closed, it may be made to resume its normal position, by means of a simple external cauterization; this has the effect of stimulating the ciliary arteries, which coming from the recti muscles, plunge through the sclerotica to the iris, and from their excitation, a diminution of the pupil will result. The application of the aqueous solution of belladonna cannot be too much insisted upon, and it should be immediately resorted to, when there is the slightest tendency to perforation; and its instillation should not cease, until the process of cicatrization is so far advanced, as to prevent the slightest possibility of accident.

The method of Desmarres is also perfectly applicable to cases of traumatic procidence, and should be resorted to at the same time that we hasten to antiphlogistic measures. But in order that there may be the best chance of success, the surgeon must resort to the process immediately, or else the adhesions having followed the usual course of development of false membranes, may have become too firm. I have seen many applications of this highly ingenious method, at the cliniques of Desmarres, and have not in my notes a single instance of failure.

A few years since, one of the most fashionable operations in ophthalmic surgery was the Division of muscles in cases of strabismus; yet the cutting zeal of the French surgeon of the present day has much dimin-



ished. It is true that the recti muscles are frequently divided, but the cases are well selected, and a more accurate diagnosis leads to much more favorable results; whereas it is well known that statistics were formerly unfavorable to this operation, on account of exophthalmos and other deformities arising from its hasty practice. The French surgeon now directs more of his attention to the education of the eye, and although a longer space of time is required for the accomplishment of his wishes, still, with a little patience, the most favorable results can be obtained. A common cause of strabismus is a central epheleon, or an albugo of the cornea, and the rays of light being unable to reach the visual portion of the retina, in right lines, the globe is turned in a position more favorable to vision. To cut the sinning rectus, in this case, would be a manifest absurdity; for if the eye were thus restored to its normal position, it could in no respect be subservient to vision, and would again, for the same reasons, be liable to deviation. He then acts upon the impaired cornea, by means of insufflations of calomel and sugar, or instillations, twice a-day, of the tincture of opium; when long-continued efforts have accelerated the usual course of the cicatrices, and the opacity is diminished, he commences his course of education. The healthy eye is closed by means of a bandage, and the patient is directed to exercise the other in every possible direction, watching its motions in a mirror. If this is patiently persevered in for some time, the normal position will be more permanently maintained, than by means of any operation, and the reasons are self evident.

In cases of amaurosis, where the strabismic eye is of no value in vision, and the operation is merely one of coquetry, the only objection which can be offered, is that possibly the deviation will recur. But the great difficulty in strabismus, is its differential diagnosis; for when there is paralysis of the 3d and 6th pairs of nerves, and the surgeon has not succeeded in proving its existence, it is evident, that all operation will be in vain. A paralysis of the 3d pair, which renders the superior and internal recti perfectly useless, destroys the equipoise of action between these and the external rectus, the result being a divergent strabismus with the eye thrown downwards. So a paralysis of the 6th pair, destroying the action of the external rectus, throws the eye, for a similar reason, towards the greater angle, and thus forms a convergent strabismus. In both these cases, it is evident that the division of the muscle upon which the strabismus seems dependent, must be perfectly useless, and a cause of unnecessary pain to the patient.

When, however, the surgeon is convinced that the operation is clearly indicated, and the deviation is not very great, the following simple method of Taylor is adopted. Taking, for instance, the case of a slight convergent strabismus, he seizes, with a pair of fine forceps, a fold of the conjunctiva within the external angle, and excises it with his scissors; when the internodular tissue of the cixatrix is formed, the eye is drawn upon by its gradual contraction, and by degrees assumes its normal position. Should the deviation, however, be so great, as to render this simple mode unavailing, he resorts to the division of the muscle. With his fine forceps he

seizes a fold of the conjunctiva near the insertion of the muscle, and after having lifted this up from the globe with a pair of fine scissors, he makes an incision in it of five or six lines in length, so as fairly to display the insertion of the tendon. A fine blunt hook is then passed between the sclerotica and the tendon, and when the surgeon is convinced that he commands the whole muscle, he divides the fibres with his scissors—thus reducing the operation to its simplest terms. There are, however, two rules in this operation which are not generally known, and they should be strongly insisted upon, as their neglect may compromise the results. 1st. If the globe of the eye is large and prominent, the muscle must be cut as far *forward* as possible, and *exactly* at the point of insertion upon the sclerotica. Should this rule be neglected, the muscle retracts and takes a new insertion behind the vertical diameter of the globe, and, according to a simple mechanical law, its action will be greatly diminished. Moreover, if the operation has been badly performed on the superior rectus, for instance, and its line of action is changed by a posterior insertion, the action of its opponent will not be counterbalanced, and a deviation in an inferior direction must result. 2d. If the eye is small and sunk in the orbit, cut the muscle at some distance behind the point indicated in the first rule and for similar reasons. In this manner the subject of strabismus is simplified, and all its secrets may be conveyed in two or three paragraphs.

To many practitioners, atresia of the pupil seems an almost insurmountable difficulty, and, fearful of an internal inflammation and its propagation to the membranes of the brain, they are unwilling to lacerate the sensitive iris, and thus leave the patient to his fate, without a hope. In the remedy of this condition, by the formation of an artificial pupil, the Parisian surgeon is unrivalled, and his successes are truly wonderful. The chief principle of French surgery, or of reducing every operation to its simplest terms, has been capitally applied to this process, and the delicate formation of an artificial pupil can no longer baffle the physician. The instruments required are but two, a pair of fine forceps, a lancet, or, for convenience sake, a lanceolar knife. The process most admired here, is the one chiefly employed by M. Desmarres, or that of *excision*; but in order to perform this, the atresia should not be perfect, there must be a small lacuna in the iris, so as to permit the use of the forceps. Having decided as to the position of his pupil, so that there may be convergence of the visual rays, the small aperture is dilated as much as possible with belladonna, and the surgeon proceeds to enter the anterior chamber of the eye. The great modification of Desmarres is to prevent a keratitis by avoiding the cornea, and placing the point of his instrument just behind its fusion with the sclerotica, he passes it beneath the cornea and perfectly parallel with the plane of the iris, taking every precaution to avoid wounding either tissue. The knife cutting on both edges is thus passed gently into the anterior chamber for two or three lines, and then as carefully withdrawn, enlarging the orifice, but with every precaution to prevent the escape of the aqueous humor.

The first time is thus accomplished with facility, but the second is the

most important and demands every precaution; the fine forceps are closed and introduced by means of the aperture thus made in the anterior chamber, passing gently in front of the iris, until they reach the lacuna, at its pupillar edge. Being allowed to expand and then compressed, a portion of the iris is seized between their teeth, and this the surgeon carefully withdraws through the wound in the sclerotica and excises with a pair of scissors previously prepared, thus completing his operation. In the second time, the greatest care should be exercised, that the points of the forceps be not too much depressed, else the capsule might be seized with the iris, and a capsular cataract appearing shortly after, the most perfect artificial pupil would be rendered useless. Should an ephæoma result from the bleeding of the incised vessels of the cornea and sclerotica, the operator can elevate the corneal flap and evacuate the blood with a small spatula; but generally absorption is sufficiently active to render this assistance unnecessary. The case needs but little after treatment, perhaps a few purgatives, iced compresses, and possibly a v. s. of precaution. The rival operation, by "decollement," or tearing away the iris from the ciliary ligaments, is in nineteen out of twenty cases perfectly unnecessary, as the existence of the slightest pupillar opening should induce the operator to resort to *excision*. The decollement is also more difficult, and presents much less certainty in its results, from the fact that the puncture to enter the anterior chamber must be made generally in the centre of the cornea, and if a traumatic keratitis ensue, there is no certain hope of saving the eye from a disorganizing inflammation.

In the case of depression for cataract, some modifications have also been lately made, which have a great effect upon the certainty of the operation. Having observed the unpleasant results of punctured when compared with those of incised wounds, M. Desmarres made an application of this rule to the operation by depression. Very frequently, in irritable constitutions, a puncture of the sclerotica with the couching needle, is followed by intense inflammation, an abscess of the eye ensues, the meninges of the brain, by continuity of tissue, are inflamed, and in some cases the patients have succumbed. These results can be avoided by adopting the incision of the sclerotica with a lancet or lanceolar knife, instead of the puncture with the needle. The place of election is below the antero-posterior diameter of the globe, and beneath the course of the external rectus, muscle in order to avoid wounding the ciliary arteries, which enter the eye from these muscles; a neglect of this precaution will cause an effusion of blood into the posterior chamber, and probably in too great quantity to be eliminated by the process of absorption. It is also requisite to enter the knife behind the insertion of the iris, to prevent its being wounded, and the complication of a consequent inflammation. At the point thus indicated, the knife is plunged for two or three lines in depth into the eye, and then carefully withdrawn, so as to prevent the escape of the aqueous humor in too great quantity; a common silver probe may then be made to take its place, and with this simple instrument M. Desmarres proceeds to the depression of the cataract, precisely as in the use of the ordinary needle. The



ordinary treatment follows, and, generally, the patients are free from after suffering ; but if there should be signs of inflammation, violent pains and an agonizing sense of distension, it is only necessary to open the lips of the wound, and upon the evacuation of the aqueous humor, every unpleasant symptom will disappear. The surgeon need not be fearful of cutting through the ciliary body, or be alarmed at the apparent perfect collapse of the eye, as a few hours will suffice for the perfect re-secretion of the aqueous humor, and in some instances to such a degree as to give rise to the unpleasant sense of distension already mentioned. At the first glance, one would feel unwilling to proceed to the paracentesis of the eye in such a summary manner ; but the most ample experience has now demonstrated that there is no more danger in such an operation, than if it were practised upon the abdomen, in a case of ordinary ascites.

The utmost importance ought to be attached to this method, and every surgeon should be most seriously counselled to proceed instantly to paracentesis, when, after an ordinary operation by depression, he sees the commencement of the unfortunate condition just described ; he will thus give his patient rest, he removes the distension, and averts a fearful inflammation. Nor should he doubt the excellence of the process, if, after the opening has been made, there should be a recurrence of the same symptoms ; he must separate the lips of the wound again, and in all probability the third dilatation will suffice. The only point which must be insisted upon, is that the surgeon be careful to avoid the hyaloid body in his paracentesis ; and although the evacuation of half the vitreous humor is not a discouraging circumstance, a loss of a greater quantity may lead to an irremediable collapse of the organ.

Simple and beautiful as is this depression, there is still another method of operating in cataract, of which M. Desmarres has much more reason to be proud ; he has succeeded in producing an absorption of the lens, whilst in its normal position, and without the slightest derangement of its relations. There are some cases of cataract in which the lens is tolerably soft, and yet the surgeon dare not operate without fear of the perfect loss of the eye, as depression is prevented by its adhesions to the iris, and a chronic iritis, an internal inflammation, or softening of the vitreous humor, forbid a resort to extraction. The lens must, however, be destroyed in these cases, as it is here a foreign body, and by fomenting the internal inflammation, increases the amaurotic condition of the retina and proportionably diminishes the hope of a successful operation. He therefore incises the sclerotica as described in a previous paragraph, and then introduces the fine hook of Reisinger through the wound ; with this instrument he scratches upon the lens, in order to make a small opening in the capsule. Eight days after this first operation, he performs the paracentesis of the eye, through the original wound, and upon this he thinks the rapid absorption is greatly dependent, as the evacuation of the aqueous humor has a great effect in softening and hastening the deposition of the foreign substance. In forty days, the absorption is so far advanced that the patient begins to recover the use of the organ.

I have seen this interesting and original operation performed in two

cases, during the last few months, and with perfect success ; one patient recovered his vision after forty days, and in the second, who from amaurosis and cataract had been blind for thirteen years, the lacuna was so perfect at the end of sixty-one, that she was able to read letters half an inch in height, without the assistance of glasses. The process of absorption being slow in the latter case, and as there existed false membranes in a portion of the pupil, M. Desmarres proceeded to the formation of an artificial pupil with his usual success. The patients now have the usual sight of those operated upon for cataract by the other methods.

The resisting power of the sclerotica is very different in various persons affected with a chronic internal inflammation of the eye ; and in some, we find this membrane perfectly firm, whilst in others a dark bluish tint denotes the yielding of its fibres to the pressure from within. When there is an internal inflammation, and the sclerotica has the greatest resisting power, the presence of the increased secretion caused by the disease, has its effect upon the retina, and an amaurosis by compression is gradually produced ; but in those instances, where the blue tint of the sclerotica designates the yielding of its fibres, these symptoms are seldom if ever seen. M. Desmarres then makes a theoretical application of the paracentesis of the eye in the first cases, in order to evacuate the cause of compression, and at the same time to have an effect upon the condition of chronic internal inflammation. He has waited for further experiences upon this subject, to give the greatest confirmation to his theory, and when these are complete, they will be presented to the medical world.

Under the head of Sclerotomy, we can place the mode of operating for ancient capsular cataracts, as the same incision is requisite ; in these cases, the lens is generally absorbed, and the two layers of capsule are approximated, and most probably there is but little adhesion to the iris. A fine pair of forceps are passed through the wound in the sclerotica, and guided behind the iris, until these points are seen in the field of the pupil ; it is then necessary to seize the opaque curtain firmly, and by gentle torsion and traction, bring it slowly through the same aperture. The same operation may be practised in cases of bridles of false membrane, crossing the field of vision.

Although there is no objection to sclerotomy and paracentesis of the eye as just indicated, and although it is well proved that the organ is by no means so delicate as generally imagined, still there are some cases in which a puncture of its intrinsic membranes should be especially avoided. In cases of hypopion, the affair is quite different, when pus is well formed in the anterior chamber, and wounding the eye by an attempt at evacuation may lead to an abscess and loss of the organ. A general and local antiphlogistic treatment, the proper use of calomel and mercurial ointment, are generally sufficient to produce absorption, but if these means are unavailing in lymphatic or feeble patients, the practitioner can resort to a tonic course, with the greatest benefit. In the hands of M. Desmarres, I have seen an infusion of polygala senega  $\mathfrak{z} \text{ j.}$  to  $\text{Oj.}$  given in  $\text{f} \mathfrak{z} \text{ ij.}$  doses several times a-day, have the most remarkable effect in these cases. It

is a new application of a method long since practised at the Hotel Dieu, for ancient pleuritic effusions, which could not be absorbed by other means.

Passing to the retina, we will notice the treatment of amaurosis dependent upon torpidity. If this disease has not advanced too far, M. Desmarres is accustomed to make use of a new preparation of strychnine. He saturates a quantity of lactic acid with this alkali, and then, with the point of a lancet, introduces a small portion under the skin, along the course of the frontal nerve; he commences with five or six punctures the first day, and increases by two every second. Should the unpleasant symptoms of the remedy appear, he ceases for a time, and prescribes a purgative course. Another reflective excitatory action is produced with the ammoniacal unguent (of about the same strength as Granville's lotion) applied frequently along the course of the same nerve, but with the greatest care, to avoid vesication.

A short time since, it was truly astonishing to behold the method of dressing the eye after the operation for cataract; the bandages and compresses were entirely too numerous, and had no other effect than that of promoting any tendency to inflammation which might already exist. Instead of thus exciting and compressing the eye, the French surgeon merely uses a few strips of court plaster, which are placed in such a manner as to hold the lids firmly in an appropriate position; over these can be placed iced compresses, if they are indicated, and thus the operator has more command of his organ.

The idea has also been rejected that it is dangerous to open the lids before several days have elapsed; for in that time, inflammation may have gone so far, as to render surgical assistance perfectly unavailing. It only requires a little care in the removal of the strips of plaster, and then a slight traction on the lid, without the slightest compression of the globe, will effect the purpose, without any danger whatever.

*Paris, April 12, 1846.*

#### TREATMENT OF MANIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although I have been engaged in the practice of physic for nearly forty years, yet I have never been accustomed to write on medical subjects, and now offer you, for publication in the Journal, my first essay on one of those subjects, viz., mania. Many years ago, when I resided in Newfane, Vt., I was called to a female, in Brattleboro', who had been in a state of furious delirium for four days. She was attended by two physicians, who had treated her with what are called nervines, without making upon the disease any favorable impression. I tarried through the night and administered calomel and tartrate of antimony, until, with the aid of stimulating injections, the stomach and bowels were freely evacuated, when the delirium entirely ceased, and the patient, by morning, was calm and rational. Last Friday (May 1st), I was called to a similar case, in



Colerain. The patient had been healthy through life, until the attack of the present disease. She was married about a year ago, at the age of 32, and was confined with her first child on the morning of Thursday, the day previous to my visit. The family and friends had noticed a degree of strangeness, in her conversation and conduct, for a considerable time, but particularly for about ten days, which had increased so much that, at the time of her delivery, she was quite in a raving state. At the birth of the placenta, there was no hemorrhage, and no lochial discharge ensued. The delirium increased, and with short remissions, admitting of no rest; was incessant and furious up to the time of my visit, which was about 3 o'clock, P. M. She was constantly screaming "Fire! fire! we are all burning up! fire! murder! the house is all on fire!" At the same time she was wringing her hands, thrusting her fingers into her ears, and making many kinds of agonizing gesticulations, indicative of the extreme distress. She had been bled, from the arm, to the amount of a pint, and had taken spirits of lavender and of nitre, a little, and a preparation of foetid gum; but she could not be made to swallow much of anything. There was so much jactitation of the patient, that I could not well ascertain the state of the pulse, nor the appearance of the tongue; but could see that the tongue was furred. The eyes could not be examined so as to afford any satisfaction, but there appeared to be considerable intolerance of light. The bowels were constipated, and the urine passed involuntarily. Eight or ten grains of calomel, with about six of ipecac., were, with much difficulty, administered; and, in half an hour, a solution of tartrate of antimony; and this last repeated every fifteen minutes, for a few times, till vomiting ensued. The stomach, in this way, was thoroughly evacuated, but with very little effect upon the delirium. The head of the patient was now drawn over the side of the bed, and a pitcher of water poured upon it. This, for a short time, evidently made a favorable impression, and was frequently repeated in greater quantity, afterwards. When the vomiting had ceased, an attempt was made to get down about sixteen grains of calomel; but probably not more than ten grains were swallowed. In two or three hours after the calomel, two drops of croton oil in a spoonful of castor oil were given, and the same quantity after the lapse of two hours more. Attempts were made, but without success, to administer an injection. In two hours after the last dose, about ten grains more of calomel were swallowed, and in two hours more, three drops of croton with castor oil. After this, ten or twelve grains of aloes were got down, and a little infusion of senna. One small discharge from the bowels was procured by these means, before day-light, followed by a very copious one two or three hours afterwards. It was evident that the delirium had been slowly subsiding for several hours before the second operation of the physic, and soon after this the patient began to recognize her friends, called for her child, talked rationally, soon fell into a sound sleep, and was left in a composed and comfortable state, by the writer, at about 8 o'clock, A. M. on Saturday.

Nothing has been heard from the patient since, and the relief may have proved but temporary; yet, even in that case, enough transpired to

demonstrate, in my judgment, the propriety of the course pursued, with a view effectually to clear the alimentary canal. Perhaps this should be the first object, in most cases of encephalitis, as well as of convulsive and spasmodic diseases, rather than any direct attempt to allay irritation or assuage pain, by the exhibition of anodynes, narcotics, nervines, or even by venesection. At any rate, the writer's experience would lead him to say to physicians, especially to the younger portion of them, look to it, first of all, that the natural excretions be duly regulated.

Bernardstown, Mass., May 4, 1846.

JOHN BROOKS.

P. S.—I forgot to state that, on the operation of the physic, there was some appearance of the lochial discharge, and that calomel and aloes were left to keep up the evacuations to a sufficient extent. J. B.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 13, 1846.

*National Medical Convention.*—The delegates to this Convention met at the Medical College of the University of New York on Tuesday of last week. At the preliminary organization, Dr. Bell, of Philadelphia, was Chairman, and Dr. Buel, of New York, Secretary. The committee appointed to examine the credentials of the delegates, reported that all accredited delegates from any regularly organized society, local and voluntary associations as well as regular colleges, institutions and societies, be considered members of the convention, which report was accepted. Sixteen States were found to be represented (by delegates from State or other societies), and a committee of one from each State was appointed to nominate officers of the Convention, who presented the following nominations, which were unanimously confirmed, viz.: For President, Dr. J. Knight, of New Haven, Conn.; for Vice Presidents, Dr. Edward Delafield, of New York City, and Dr. John Bell, of Philadelphia; for Secretaries, Dr. Arnold, of Savannah, Geo., and Dr. Stille, of Philadelphia. Dr. G. S. Bedford, representing the University of New York, then moved that whereas the original object of the Convention, that of a *National* representation, for the good of the profession, had been defeated by the non-representation of many of the States, and most of the Medical Colleges and Societies, the Convention adjourn, *sine die*. This motion was seconded by Dr. Paterson, also of the New York University. The vote was taken individually, and not by States, and was decided by yeas, 2; nays, 74. On account of this motion, Dr. Clymer, of Philadelphia, moved that the future sittings of the Convention be held elsewhere than at the University College; and another member proposed an amendment, that an adjournment immediately be made to the College of Physicians and Surgeons. Drs. Bedford and Paterson disclaimed all intention of opposing the Convention, and it was decided that Dr. Clymer's motion be laid on the table. A committee of nine was appointed to bring the subject of

Medical Education before the Convention, consisting of Drs. Davis, March, Hayes, Walter, Bush, Bell, Haxhall, and the President.

The accredited delegates present on Tuesday were from the following institutions:—Vermont—Castleton Medical College, Vermont Medical College; N. Hampshire—Centre District Medical Society; Connecticut—State Medical Society and Medical Institution of Yale College; New York—State Medical Society, Medical Society of City and County, Bloomingdale Asylum, College of Physicians and Surgeons, King's Co. Medical Society, University of the City of N. York, Buffalo Medical Association, Erie Co. Medical Society, Albany Medical College, Geneva Co. Medical Society, Geneva Medical College, Madison County Medical Society, New York Hospital; Pennsylvania—Philadelphia Medical Society, Pennsylvania College; New Jersey—private individuals; Delaware—State Medical Society, Medical Association of Wilmington; Maryland—Medical College of Baltimore; Virginia—State Medical Society; Georgia—State Medical Society; Mississippi—State Medical Society; Indiana—La Porte University; Illinois—Medical Department of Illinois College; Tennessee—State Medical Society; Rhode Island—State Medical Society. And on Wednesday, the State Medical Societies of Vermont and Missouri were represented, also the Lunatic Asylum of Hudson and the New York Lunatic Asylum.

The following resolutions were presented on Wednesday by Dr. Davis, of the Committee on Medical Education, and after discussion were unanimously adopted:—

“*Whereas* it has been shown by experience that the association of persons engaged in the same pursuit, facilitates the attainment of their common objects; therefore,

“1st. *Resolved*, that it is expedient for the Medical Profession of the United States, to institute a *National Medical Association*, for the protection of their interests, for the maintenance of their honor and respectability, for the advancement of their knowledge, and the extension of their usefulness.

“2d. *Resolved*, that a Committee of seven be appointed to report a plan of organization for such an association, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

“3d. *Resolved*, that a Committee of seven be appointed to prepare and issue an Address to the different regularly organized Medical Societies, and chartered Medical Schools, in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention, to be held in Philadelphia on the first Wednesday in May, 1847.

“4th. *Resolved*, that it is desirable that a uniform and elevated standard of requirements for the degree of ‘M.D.’ should be adopted by all the Medical Schools in the United States, and that a Committee of seven be appointed to report on this subject, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

“5th. *Resolved*, that it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education, and that a Committee of seven be appointed to report on the standard of acquirements, which should be exacted of such young men, and to report at the meeting, to be held on the first Wednesday in May, 1847.



"6th. *Resolved*, that it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a Committee of seven be appointed to report a code for that purpose, at the meeting to be held in Philadelphia, on the first Wednesday in May, 1847."

Dr. O. S. Bartles, of New York, offered the following resolution, which after considerable discussion was referred to a committee of seven, by a vote of 58 to 23.

"*Resolved*, 'That the union of the business of teaching and licensing, in the same hands, is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and State and county medical societies, it should be restricted to one board, in such State, composed, in fair proportion, of representatives from the medical colleges, and the profession at large, and the pay for whose services, as examiners, should, in no degree, depend on the number licensed by them.'"

The Chairman announced the various committees on Dr. Davis's resolutions—as follows :—

"On the Organization of the National Medical Institution"—Drs. J. Watson, Stearns, Campbell Stewart, Stille, Davis, Cogswell, Fenner.

"On the Address"—Drs. Knight, Ives, Dow, Sumner, McNaughton, Blatchford, Boswell, Baxley.

"On the Requirements for a Degree"—Drs. Haxhall, Cullen, Paterson (Va.), Norris, Flint, Perkins, Wing.

"On Preliminary Education"—Drs. Cowper, Bush, Thompson (Del.), March, Atlee, Brainard, Mead.

The closing business of the session, on Wednesday, as we gather from the New York papers, was as follows :—

Dr. Thompson's resolution of thanks to the Colleges, for the offer of their rooms for the Convention, was taken from the table and adopted. A member moved a resolution to call on the different medical societies, in the different States, to report the births, marriages and deaths in their several States. Carried.—A vote of thanks was then proposed to the officers of the Convention, for the manner in which they had discharged their duties. Carried unanimously.—A vote providing for the publication of the proceedings of the Convention, in pamphlet form, was then offered, and adopted.—A resolution was passed, providing for the arrangement of a system of nomenclature of diseases, with reference to the registration of deaths.—An invitation from Dr. Delafield (V. P.) to the members of the Convention, to visit him at his house to-morrow (Thursday) evening, was accepted, with thanks, and unanimously.—Dr. Bell (V. P.) moved that this Convention approve the designs and publication of the Sydenham (publishing) Society, in England. Adopted.—Dr. Cogswell offered a vote of thanks to the chairman for the manner in which he had discharged the duties of his office. Adopted.—Prof. Knight (P.) briefly returned his acknowledgments.—And the Convention then adjourned, *sine die*.

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*Entomology*.—Messrs. Lea & Blanchard have brought out a finished edition, enlarged and corrected, of that delightful work, by Kirby and Spence, on the Natural History of Insects. In England this work has

passed through six editions. Such a treatise is not essential to a medical student, but it is one of those excellent productions which enlarge the sphere of knowledge, by illustrating the economy of nature, and therefore is eminently calculated to improve the mind. Physicians may be philosophers as well as practitioners. We have noticed that those who know nothing of the universe which surrounds them but the details of the profession of medicine, deprive themselves of a vast amount of intellectual enjoyment which the fair creation offers for their acceptance. We are staunch advocates for that system of reading which embraces the whole range of human thought, and although students should first become familiar with the doctrines on which a rational practice is founded, there is no apology to be made to society, for not being familiar with the various departments of general literature and the elements of the natural sciences. This valuable publication may be found in Boston at Messrs. Ticknor & Co.'s.

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*Railroad Surgery.*—On Saturday, May 2d, while the cars for New York were speeding it over the Providence Railroad with exceeding rapidity, a tall, stalworth fellow, who wished to stop at a particular place, made a leap, *sans ceremonie*, from the platform to the ground. The train was very soon brought to a stand-still, and the passengers rushed out, *en masse*, to the spot where the man fell. On examination—the profession being bountifully represented on the occasion—it was found that the only injury he had sustained was a dislocation of the left shoulder. Dr. Gage, of Concord, and Dr. Tenney, of Loudon, N. H., as assistant, with the aid of a few spectators, quickly reduced the luxation, and the patient walked off one way, while the cars ran the other. Being present, we can bear testimony to the cool, skilful manner of Dr. Gage, as an operator.

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*University of Missouri.*—A catalogue of the Faculty of the Medical Department, for the present season, shows that ninety-two students were matriculated for the late course of lectures. Twenty-nine were admitted to the degree of doctor of medicine. Dr. Augustus R. Knapp, of Jerseyville, received an honorary degree. The Medical School of Kemper College, since the issuing of the last circular, has become the Medical Department of the University of the State of Missouri. There is a strong faculty, combining tact, energy and experience, so that the success of the institution can hardly be questioned.

St. Louis is a charming city, as we can testify from personal observation, and must become a great central depot for literature and science, in the progress of time, as it already is for mercantile activity, and a thrift that bears a striking resemblance to that of New England.

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*Diseases of the Eye.*—Readers are particularly directed to the article on Ophthalmology, in this day's Journal, by Dr. Stone, which came by the last steamer. He is gathering up treasures in the treatment of diseases of the eye, to be dispensed in his own favored country. Further communications are anticipated from the same desirable source.

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*Judicial Period of Gestation.*—Medical matters seem to be decided by judges and jurymen, in Pennsylvania, without much regard to authority, to

say the least. In Vol. XXXIII. of this Journal a case is reported in which a verdict was given in favor of the existence of pregnancy 317 days. The following is a similar case, and is taken from a New York paper.

"The medical and legal professions will be gratified to find that a judicial decision has been made at Lancaster, Penn., which settles a long-mooted point in both professions. The case was a trial in which the prosecutrix, who charged the defendant with being the father of her illegitimate child, testified that the last time he was in her company was on the 22d day of March, 1845, and that the child was born on the 30th of January, 1846, both the mother and child being in a healthy condition. Many authorities were read upon the period of gestation; and thirteen able doctors testified to the same point; a majority of them denied that the period ever extended more than a few days beyond nine calendar months, or two hundred and seventy-three days; excepting from some unnatural cause, as mal-formation, &c. The judge charged the jury, as a matter of law, that the unusual length of time (forty days beyond the ordinary period) was no obstacle to the conviction of the defendant, and he was accordingly convicted. A medical spectator, remarking upon the case, in the Union and Sentinel, says: 'This is an important case, being the first time in America, where, by judicial decision, it has been established that gestation may be protracted to three hundred and thirteen days in a perfectly natural case, ending in a safe and natural birth.'"

*Losses by Mail.*—Within a short time the discovery has been made that various business letters addressed to the editor of this Journal, by some singular fatality have not come to hand. After thorough examination, having had frequent interviews with the proper officer in the Boston Office, we are inclined to believe that a rogue has had access to the box in which the editor's letters and packages are placed. In consequence of this conclusion, the box is now changed, and no second person, under any circumstances, is permitted to take out our letters. Several instances have come to our knowledge in which letters containing money in payment for the Journal were directed to the editor instead of the publisher, and have shared the same fate. How many letters have thus failed to reach us, we have no means of knowing. Our confidence in the integrity of the Post Office, however, as a department, is unshaken. There has been roguery somewhere, which the agent of the Government may yet succeed in detecting. Whatever is directed to the Boston Medical and Surgical Journal, either with or without the publisher's name, is placed in a safe box, in the Post Office, to which no one goes but himself, and from which nothing has been missed. Letters or packages addressed exclusively to the *editor* are put into his private box, which we consider now as also perfectly safe. Letters relating to the business of the Journal should in all cases be directed to the publisher, according to the directions which are every week printed on the last page of the Journal. Besides all these arrangements for security, as a business process a daily cash account is kept of money received by the editor, its source and object, and the letters filed. Fearing that many correspondents may be laboring under the impression that their favors are indifferently received or wholly neglected, since the extent of the evil is past finding out, this statement is made, with the assurance that at the Boston Post Office no further loss will occur under our present careful system of vigilance.



P. S.—Since writing the above, a person has been arrested, who confesses that he has opened letters which he took from the editor's box. We now entertain a hope of ascertaining the extent of the injury we have been made to suffer, as well as preventing its recurrence.

*Rising Medical Talent in Western Africa.*—In one of Dr. Lugenbeel's recent despatches to the American Colonization Society, dated at Monrovia, February 10th, he thus speaks of two of his pupils:—"Perhaps it may appear a little like egotism for me to praise my own students, but I think I may truly say, that Mr. James S. Smith possesses more remarkable talents for the practice of medicine, than any other young man whom I ever knew. His judgment is uncommonly good, and he is very studious, observant and attentive. Mr. Roberts, however, will make the better surgeon. He has already performed several important surgical operations. Only a few days ago, I saw him amputate the leg of a man, who had received a gun-shot wound in the calf. He performed every part of the operation himself—took the limb off about four inches below the knee; and I do not hesitate to assert, that I believe an amputation was never before more neatly performed in Liberia.

"Nearly all the late immigrants have been, more or less, sick; some very sick, and a few of them are still complaining. Six, in all, have died; one of whom was a very aged woman, and one a young unmarried female, who obstinately refused to eat or drink anything, or to take any medicine, in consequence of mortification and chagrin, produced by the development of her unfortunate situation—in plain language, an abortion. One of the other four was a man, who might have lived if he had not resolved to die."

*Castleton Medical College.*—We understand that Dr. Samuel Parkman, of this city, who has for several years past occupied the chair of Descriptive and Surgical Anatomy in the Castleton School, has resigned. A successor has not yet been appointed.

*Medical Miscellany.*—On the *post-mortem* examination of a man in Maryland, a pistol ball was detected in the substance of the brain, which had been there three weeks—yet he had been rational most of the time before death.—Dr. Alexander Edson, of Vt., brother to the once famous living skeleton, Calvin Edson, who weighed 125 pounds at 18 years of age, now, at 42, weighs only 50 pounds. Calvin, before his death, weighed but 45 pounds. The doctor is in good health.—Mr. Blaisdell, a mechanical dentist, assistant of Dr. Ball, Boston, has recently completed a specimen of his ingenuity, in the construction of a full set of artificial teeth of extraordinary beauty.—Smallpox is again on the increase at Philadelphia.

ERRATUM.—On page 280 of the last No. of the Journal, four lines from the bottom, the sentence—"the more important the cause," &c., should read, "the more impotent the cause, the more potent the effect."

*Report of Deaths in Boston*—for the week ending May 9th, 66.—Males, 34, females, 32. Stillborn, 9. Of consumption, 8—smallpox, 2—measles, 14—old age, 2—lung fever, 2—accidental, 1—erysipelas, 1—scarlet fever, 6—infantile, 6—inflammation of the lungs, 2—disease of the brain, 1—dropsy of the brain, 5—childbed, 1—convulsions, 1—debility, 1—marasmus, 2—typhus fever, 1—hooping cough, 1—dropsy, 1—croup, 1—inflammation of the brain, 2—sudden, 1—cancer, 1—teething, 1.

Under 5 years, 40—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 2—over 60 years, 7.

*A Case of Ileus relieved by Tobacco.* By T. W. Fry, M.D., of Crawfordsville, Ind.—Mrs. Winters, 69 years of age, suffered from a severe attack of intermittent fever last fall, and continued delicate and feeble through the winter. On the 16th of March she was seized with symptoms of colic, accompanied by constant efforts at vomiting. A portion of tinct. opii and sulph. ether gave but temporary relief. On the morning of the 17th vomiting returned, and some bilious matter was thrown up; an emetic of ipecacuanha was now ordered, which relieved the stomach of a large quantity of bile. The sickness and pain having subsided to some extent, cathartic medicines, followed by saline mixtures, were had recourse to, but without any good effect. The pain returning with greater violence, the bowels becoming more swollen, accompanied by copious and frequent discharges of feculent matter from the mouth, now indicated more clearly the nature of the difficulty; and as all medicine taken into the stomach for the purpose of acting on the bowels only increased the sickness, pain, and vomiting, reliance was placed entirely upon opiates and injections. Tinct. opii thirty drops was given, followed in fifteen minutes by one-fourth of a grain of sulph. morphine; injections of salt water and castor oil frequently repeated, were immediately expelled without producing any action on the bowels, except one small discharge of opaque mucus. An injection of tobacco was now given with the same result. The bowels seeming incapable of retaining fluid matter, a suppository, made in the following manner, was introduced into the rectum: a drachm of strong tobacco steeped in a gill of hot water, was added to two tablespoonfuls of sugar, and boiled to the consistence of wax. This was retained several hours, and the patient began to feel an inclination to stool; another injection was administered, which came away with a copious discharge from the bowels, and entire relief to the patient.

The discharge of feculent matter by the mouth, which continued up to the time of the introduction of the suppository, now ceased, and the patient, although prostrated to an alarming extent, her constitution being much impaired by age, recovered with great rapidity. Counter-irritation on the abdomen was kept up during the whole course of the disease by means of hot salt and mustard alternately applied.—*Western Journal of Medicine and Surgery.*

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*On the Employment of Phosphate of Ammonia.* By C. Voigt, M.D.—In a trial made under my observation with this article, in the dose of only about three grains, a series of alarming and highly irritative symptoms was induced. In about an hour after its introduction into the stomach, the patient was attacked by a sense of tightness in the præcordia and around the chest; nausea; thirst; a hard, small, frequent pulse; and a collapsed state of the circulation. These disturbances were followed by fulness and tension in the head; heaviness in the limbs; and an unsteady tottering gait. The case seeming likely to become serious if unrelieved, was treated by a moderate bloodletting, a dose of senna and salts, and mucilaginous drink; which had the effect of affording relief, though some degree of gastric irritation remained for some hours subsequently. The first action of the medicine in this instance appeared to be violently irritating on the stomach. I had good reason to suppose that the preparation employed was pure.—*Medical Examiner.*

THE

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REMARKABLE CASE OF MENTAL ALIENATION.

By W. T. Wraggs, M.D.

JOE, a young negro of about 20 years of age, possessing an average degree of intelligence, and having enjoyed good health up to the time when he was attacked with the illness which threw him into the remarkable condition in which I found him, resided on a plantation in the neighborhood of Charleston. His occupations were such as are common to persons in his situation; laboring in the cultivation of the soil. He was taken ill about the latter part of July, 1837, probably with fever of a bilious type. For about a fortnight he remained on the plantation, receiving such attention as the neighborhood afforded. It does not appear that he suffered from neglect, but it seemed evident that his case had not been judiciously treated. A report of his death reached his master, who resided in Charleston, and was the first intimation that he had that the boy was really seriously ill. This report caused a careful inquiry to be made into his real condition, when it was found that although he was not dead, yet his case was of so serious a character as to call for most careful attention. He was therefore brought to town. I saw him for the first time on Tuesday, 8th August, 1837, and found him laboring under violent delirium and a great deal of muscular irritability. I could obtain no satisfactory account of the manner in which the attack commenced, or of the nature and progress of the disease; except that he had had fever. His imagination, a faculty which, with him, had doubtless never, in his hours of health, been called into action, was awakened. He became impressed with the idea that he was dead. This, no doubt, originated from the report of his death, which had been current, and which had probably been spoken of in his presence.

Upon a mind laboring under so much excitement, and in which the exaggerations of timid and ignorant friends could find no counterpoise in the wholesome restraints of education, such an idea was calculated to produce a deep impression, and accordingly the patient was hurried away in the most extravagant language and conduct. From his false ground he drew inferences perfectly secutive, and which failed to be rational only because they started from unsound premises. He said that, being dead, his flesh would soon begin to rot and drop from his bones; remonstrated at being kept so long unburied; earnestly demanded that his grave clothes should be prepared and put upon him, and that he be laid out in



the usual form. He looked anxiously for the company to assemble which was to follow his body to the grave, and would chaunt in touching language a final adieu to his mother. The tune he selected was solemn, such as he was used to hear under similar circumstances. He would pick and pull at his flesh, while he called on the bystanders to look at him closely, and satisfy themselves that he was really dead.

In the midst of these interesting and deeply touching scenes, he would sometimes burst suddenly into a fit of hearty laughter, and then as suddenly, as if rebuked by his conscience for the indecent levity of such conduct in one who was already an inhabitant of another world, he would check his mirth. And then, his countenance would be marked in every feature with an expression of the deepest solemnity, he would address himself earnestly to some object in the room, as though he were in the presence of the Almighty, and deeply awed by his majesty ; he would then, in the most earnest and appropriate language, give expression to his feelings of reverence for the Great Being in whose presence he stood ; and with the attitude and accent of prayer, acknowledge his power to save or destroy. Fully impressed with the idea that he was indeed dead, and a dweller amongst immortal spirits in that world which his religious instruction had taught him to believe would receive his soul, when death had released it from its fleshy tenement ; his countenance and his every action took a serious, a sublime expression from the thought, and his whole deportment was such as could not fail to touch and awe all who saw him. He would remain for some time enveloped in this rhapsody. He heard nothing of what passed near him, and saw only the majestic creation of his imagination, and lived only in regions which his mental infirmity had painted, till they seemed like those of another and brighter world.

Gradually, after a day or two, his delirium took a character of gaiety. His countenance wore a pleasant smile, and a vein of humor marked his conversation. But if opposed, he would resist forcibly ; making powerful muscular efforts, and once he inflicted a severe blow on one of the bystanders. He would sing a tune with perfect accuracy, adapting to it, as he proceeded, words suggested by what was passing around him. When questioned, he would chaunt his answer with perfect correctness, thus conveying all the required information concerning his feelings, his wishes and his thoughts. His gestures were easy and appropriate, nor could he be restrained from making them, by any mechanical opposition placed in his way ; for there was a rigid and unyielding energy in his muscular contractions, that overpowered all resistance, like the delirious and convulsive movements of a patient laboring under phrenitis. Restraint made him violent ; but if he succeeded in releasing himself, or the restraint was removed, upon the instant a mild and gentle smile threw its bland expression over his face, and he became obedient to a single word, if uttered in a gentle tone. He knew his mother, and always spoke to her with kindness.

This musical mania continued for two days. About the third day he ceased singing, and the most remarkable peculiarity that his delirium had

yet assumed now presented itself. He spoke in rhyme ! As he had before made all his answers to the questions put to him, and his voluntary remarks, in a measured and musical tone, so did he now communicate his thoughts in well-selected rhymes. He would sometimes rhyme repeatedly on the same word. Again his transitions would be rapidly made from one sound to another, of an entirely different kind. At all times the words were so selected as to make the most perfect rhyme. And he displayed a degree of ingenuity in collecting and bringing into use, in the most apposite manner, a large number of similar sounding words, which would have appeared astonishing even in one who had been rendered familiar, by education and habit, with language in all its perfectness. But it must be remembered that this individual was a slave, perfectly uneducated, and showing no further knowledge of language than was sufficient for expressing his few and simple wants. Negroes have some quickness in catching musical sounds, and in repeating simple tunes by air ; hence I was not surprised to hear him sing ; though the quickness with which he adapted his answers and remarks to the tune he was singing, was indeed remarkable. But the ease with which he rhymed was truly astonishing.

The medical history and treatment of the case were as follows :—

The patient had been long suffering for want of rest, and for several nights continued to be sleepless. He had well-marked exacerbations towards night, when his pulse, which throughout the day would continue nearly at a healthy standard, became quick, small and irritable. During the exacerbations he paid no attention to what was said to him, unless spoken to earnestly. He would then listen attentively, and would readily promise obedience to any directions ; and he always kept his word.

After repeated bleeding, both general and local, blistering, purging, hot pediluvia, with mustard, and other means of depletion and derivation, his madness became more calm, but he never said anything rational ; only making in various ways a few half-intelligible complaints of the blister which had been put on his head. His rest returned to him. He would sleep well at night, and frequently had refreshing naps through the day. His appetite became good, so that he eat heartily and with relish.

On the 17th of August, nine days after I first saw him, when the depetory revulsive measures mentioned, had removed all symptoms of excitement except the delirium, a seton was put in the back of the neck. He was very much alarmed at the idea of the operation, and the sight of the knife and other preparations caused him to shudder, and it was evident he suffered as much mental as bodily pain. But when assured that the operation would benefit him, and that it was only done for his own good, he became calm, and expressed himself thankful.

The seton remained till Saturday, the 14th of October, fifty-eight days from the time of its insertion. The delirium abated evidently and steadily from the time that suppuration was so established. He soon began to walk about the room, then in the street near his residence, and gradually extending his promenade, came to see me at my office, and report on his condition. When the seton was removed, his intellect was

perfectly clear, and his physical health completely restored. No inconvenience resulted from the drying up of the suppuration, and he returned to his occupation in perfectly-restored health.—*Southern Journal of Medicine and Pharmacy.*

### HOOPING COUGH.

From Dr. J. A. Swett's Lectures on Diseases of the Chest.

THERE is a peculiar form of bronchitis, called hooping cough, which generally lasts for two months; it usually commences like an ordinary catarrh; though even in the commencement, the paroxysms of coughing are, perhaps, a little more violent than in the early stage of common catarrh; it goes on increasing in violence for ten days, when its character is fully developed, and finally the fits of coughing are so violent, that the face becomes livid, and the jugular distended, till at last, an inspiration takes place, with a loud hooping, which gives some relief; the cough, however, again returns two or three times, until a thin, glairy mucus is expectorated, or perhaps the child vomits; the paroxysm is then over. The glairy mucus, which accumulates in the bronchial tubes, appears to have been the exciting cause of the cough; this paroxysm may be repeated every ten or fifteen minutes, or it may only occur two or three times a day. This state of things will continue two or three weeks, or even four, then growing less and less pronounced, until it assumes the form of a simple catarrh, and passes away. You frequently find no physical signs present; if you listen during the paroxysm, you will hear nothing at all, and even during the loud inspiration, nothing is heard, it appears entirely confined to the larynx. The nature of this hoop escapes pathology altogether; there are no *post-mortem* appearances beyond those common to bronchitis, and yet there are peculiar features in this disease; it occurs but once during life, and is contagious. It is not dangerous, unless some previous disease has made inroads on the constitution, such as diarrhœa; it then often proves fatal; but if the child is healthy, unless the disease becomes complicated with some other disease, it is not dangerous. There are two complications you must be on the watch for, during the prevalence of hooping cough; one is *congestion of the brain*, the other *inflammation of the lungs*. It is not at all surprising, that congestion of the brain should ensue, when we remember the strong determination of blood to the head, which exists during the paroxysm. If, then, we find the child inclined to drowsiness, with a flushed face, and a tendency to heat about the head, we should at once take the alarm, else convulsions and fatal coma may ensue. So, if we find that the child complains of pain or coughing, that the breathing is permanently oppressed with fever, accelerated pulse, loss of appetite and spirits, we should at once fear the supervention of a serious inflammation of the chest. In both these cases, the hoop diminishes or even ceases; but this, occurring while the child is evidently worse, can hardly be misinterpreted.



Again, this disease, which under favorable circumstances usually terminates in two months, is liable to be prolonged to an indefinite period by relapses. The child may have ceased to hoop entirely and for some time, but a fresh attack of bronchitis will bring back the hoop, and this may be repeated until the disease becomes established by a sort of habit. We observe the same in other specific inflammations; thus, a gonorrhœa will seem entirely cured, and yet, under the influence of local excitement, it will return with all its specific characters.

*Treatment of Hooping Cough.*—This being a specific disease, arising from some specific cause, and as it must always run its course before health can be re-established, it does not in general require any particular medical treatment. When it occurs in children, it requires that prudence be exercised, guarding the patient from exposure to bad weather, or the evening air, regulating the diet, and avoiding the occurrence of febrile attacks, by cutting down the allowance of animal food. If the disease can be made to run on favorably, without medical treatment, it will probably be the better.

Sometimes we find particular symptoms predominating; thus, sometimes, you will find slight indications of febrile action after the first few days, the appetite failing, and pain present, that may lead you to suspect pneumonia, or some other affection; such a case you may treat antiphlogistically, regulating it, however, according to circumstances, as to whether the child is plethoric or not. In many cases, it is connected with ordinary bronchitis, indicated by the sibilant and sonorous ronchi, and the mucous rattle at the base of the lung; if these are trifling, they will require no treatment, but if more serious, they may lead to congestion of the lungs; these symptoms you may overcome by tartar emetic, low diet, the warm bath, &c.; if it is mild, Cox's hive syrup will be found sufficient. Whenever the lungs or the brain are attacked, your treatment ought to be immediately addressed towards them, and as actively as the case may admit.

In delicate, feeble children, and in others where frequent relapses have occurred, the disease is sometimes prolonged by a sort of habit; in such cases you must resort to the tonics, quinine, iron, the mineral acids, &c. Garlic is a very popular remedy, taken internally, and rubbed along the spine; in some cases it has the effect of breaking up the cough, while in others it has but little effect. If the cough still withstands all these remedies, the last, and almost unfailing resource, is the change of air; this has usually the effect of completely breaking it up. But in an ordinary simple case, I do not think there is any remedy that will control the deviation of the hooping cough; it has a definite course, and that it will run.—*New York Medical and Surgical Reporter.*

## A CASE OF PURPURA HEMORRHAGICA.

By W. D. Harris, M.D., of Utica, Mississippi.

THE following case, which occurred in my practice, being of a somewhat novel character, may not be uninteresting, I hope, to some of the numerous readers of the Journal.

October 9th, 1845.—I was called to visit Miss M. S., aged 23 years, of small size, dark hair and complexion, health and constitution delicate from childhood, whom I had attended sixteen months previous for spinal irritation, together with a slight affection of the uterus, and considerable bronchial difficulty, with pain in the left side, &c.

When I arrived on this occasion, I found her laboring under the following symptoms:—hemorrhage from the nose, somewhat profuse, of thirty hours' duration—also from every part of the body, as well as the head, neck and face; the blood oozed out through the pores of the skin, resembling mosquito bites, in some places in clusters thicker than others. Knowing her constitution to be delicate, I supposed that there must be some derangement of the catamenia; but on inquiry found that her health in that respect was as good as usual. Previous to my visit, she had been under the care of a talented quack for a pain in the side, with some debility of the lungs, for which she was using externally veratria ointment, and taking internally deutiodide of mercury, with iodide of potassium, up to the time when I made my first visit. I prescribed alum water to the nostrils, and a plug saturated with the same to be inserted into the nose; wash for the body, dilute acid of vitriol; gave a blue pill and sulph. quinine sufficient to move the bowels; spirits of nitre and paregoric as a diuretic in teaspoonful doses every three hours; and Dover's powder sufficient to allay nervous excitability, and procure rest.

10th.—Saw my patient at 9, A. M.; found her relieved from the hemorrhage of the skin, but from the left nostril blood still continued to flow freely. Medicine had moved the bowels; tongue clean; pulse 100. The dilute oil of vitriol had a beneficial effect on the skin, though attended in its application with some nervous excitement, which was allayed by Dover's powder.

As I looked on the hemorrhage as passive from the beginning, I prescribed dilute creosote to the nose with a plug; oak bark and alum wash to the skin; and gave sulph. quinine in three-grain doses alternately with Dover's powder in five-grain doses every four hours, and persesquinitrate of iron in twelve drops three times a-day; kept the bowels open with mild cathartics.

11th.—Found my patient still bleeding at the nose, though less profusely; pulse feeble, beating 110 per minute; skin soft; patient had spent a restless night, attended with strong hysterical symptoms, and slight derangement of intellect at times. Continued the creosote to the nose, finding it to be the best among the many remedies that were tried. Ordered the alum hip-bath; continued the quinine and Dover's powder, and gave ten drops of tinct. iodide of iron instead of the nitrate. Her mouth now was slightly touched with the mercury, either the blue pill, or the stronger preparations which she had been taking before my first visit.

12th.—Saw her this morning in consultation with my friend Dr. Bush ; found her very much as on the day previous ; continued the same treatment, adding the compound tinct. of catechu to be applied to the nose, and given internally.

13th.—Still bleeding at the nose, though much less profusely ; continued the creosote, as it seemed to be the only application which was of any service ; symptoms much the same as yesterday ; hysteria still continues ; treatment the same, only syrup morphine added to control the nervous irritability.

14th.—This morning found my patient relieved from hemorrhage from the nose ; pulse small and frequent ; skin moist ; extremities cool ; exceedingly feeble, and easily excited to crying or laughter ; mouth sore, cheeks swollen, notwithstanding the bowels have been opened every day with mild cathartics. This day the catamenia came on, and at times was somewhat profuse, producing the greatest alarm, but all persuasions of her mother or myself were unavailing to induce her to suffer any local application to be made. Continued general treatment ; added tinct. myrrh in drachm doses. She now began to improve slowly, and was furnished with such medicines from the shop as her condition required from time to time.

December 3.—Was called to my patient again ; on arriving I found her laboring under uterine hemorrhage in the strict sense of the word. This, of course, produced much alarm. I explained the nature of the case, and assured her that there was no danger, as it was of very frequent occurrence, though not in unmarried women. It readily yielded to the usual treatment ; since which time she has recovered her usual health and spirits.

I might mention, in conclusion, that this young lady belongs to one of the most respectable families in the farming community, who never knew want, or participated in luxurious indulgences. I present the case as it occurred, without comment. How far the powerful agents she was using had any share in producing the state of things above recited, I shall not attempt to determine. The pathology of purpura is still involved in great obscurity. The multiplication of cases must ultimately clear it up. In that view, I trust the one which I have given may be found to be of some value.—*Western Journal of Medicine and Surgery.*

#### UTILITY OF A KNOWLEDGE OF THE TEMPERAMENTS.

By F. Robinson, Esq., Surgeon, Hammersmith.

THAT different temperaments appear in a certain degree to influence the performance of various actions differing in their nature, is a fact that seems to have been tolerably well established by acute observers of human nature. It is only, however, at a comparatively late period, that the connection existing between the various expressions of the countenance and the temper has been at all definitely pointed out, and the fact that the former are in a greater or less degree symbolical of the latter established



beyond doubt. Phrenologists are evidently aware of the utility of this circumstance, in giving additional strength to their doctrines, and generally call it to their aid in forming an opinion of the cranial development of an individual. But the importance of a knowledge of the temperaments, their various characteristics and influences in medicine, appeared to meet with little of the attention it deserved, and to have passed almost wholly unnoticed by writers, till the time of Lavater. Even that writer, in his *Essay on Physiognomy*, only mentions superficially, and in somewhat vague terms, the benefit that might be derived from a study of this branch in connection with disease.

I shall endeavor to point out briefly some of the principal advantages accruing from its study, which appear to me worthy of attention, as tending to elucidate the intricacies of disease: but before doing so, may be permitted to state that I do not lay claim to originality in some of the following remarks, which have been, and probably are being, daily observed by physicians in extensive practice, my object being to call some notice to what, from the little mention made of it by writers of the present day, appears to be considered an unimportant, if not decidedly useless study. That the fathers of the profession, when it was yet in its infancy, deemed it worthy of the closest attention at a time when their knowledge of disease was very limited (comparatively), their means of alleviating it few and simple, and of those few, many depending, not improbably, for their success upon their influence on the patient's own imagination, is extremely likely, and is, in fact, partly confirmed in their own writings. I would observe, then,

1. That certain remedies possess different degrees of effect in their action on individuals of different temperaments. This may frequently be noticed by physicians in large practice, as a medicine which will act almost as a specific in controlling the progress of disease in an individual of one temperament, will be found inert, if not positively injurious, in a like disease and same stage in another. This might, in an individual case, be attributed to that inexplicable condition termed idiosyncrasy; but whoever has opportunities of trying one remedy for a fixed period on persons of all temperaments (their complaints, of course, being of the same nature and duration), and then carefully analyzes the results, will in all probability be convinced to the contrary. Undoubtedly, he would meet with occasional instances where a remedy possessing considerable power in these cases—in the majority of them—fails in an individual one, without any apparent cause to account for it; and if, in conjunction with this, a minimum dose of the medicine produces the effect of a maximum, or entirely different symptoms, *this* would appear to me to merit the appellation of idiosyncrasy (as far as our knowledge of the term permits us to employ it), provided, of course, that nothing abnormal is detected in the individual that could at all affect the action of the remedy.

It must be confessed, also, that there are numerous diseases, incident to individuals of all temperaments, in which no distinction can be drawn in the action of medicines, as they may one or all fail or succeed without

our being able to explain "why." Are we not in the habit of trying one, and, in the event of failure, commencing with another, approved remedy for a disease, without stopping to consider the cause of that remedy failing? It being thus proved that a remedy possesses a greater degree of efficacy in a disease occurring in a person of one temperament than another, how are we to account for this circumstance? Provided no abnormal condition exists, it appears to me that, as far as our present knowledge extends, we can only attribute this peculiarity to one cause, and that, necessarily, an obscure one, viz., that the organization of the nervous system modifies, in some (as yet hidden) manner, the action of the remedy, or its absorption. That this *modus operandi* exists in the healthy human frame, when subjected to the action of one class of stimuli, viz., alcoholic, is proved, I think, beyond doubt.

Dr. Macnish, in his "Anatomy of Drunkenness," has shown the very opposite effects produced by intoxicating liquors on individuals of different organism, as well as the various degrees of rapidity in producing its action on individuals equally unaccustomed to its stimulus. Judging from these facts, it does not appear improbable that the action of some medicines, as, for instance, diffusible stimuli, is materially influenced by the temperaments in health, and also disease. Let us suppose that an individual takes a quantity of some narcotic poison, opium—for example, whose action is primarily to stimulate—and suffers it to remain for a period that, in many persons, would prove fatal. Nevertheless, the proper remedial measures being adopted, he recovers, in some instances, and this is invariably attributed by the patient's friends and medical attendant to the individual's constitution, previous good health, &c.; or some other cause known to affect the action of the poison, as the amount of food in the viscus, without considering the possibility of one person's frame being more susceptible to the action of the poison than another's. It is not, as far as I am aware, in opposition to any known physiological principles, to suppose that opium would be capable of producing quicker and more deadly effects on a person of thin, spare habit (though of sound health), and highly nervous, bilious temperament, than a large robust individual of lymphatic sanguineous temperament. A case of accidental poisoning that occurred to me to treat lately, strengthened this opinion.

2. That certain classes of diseases are particularly liable to originate in persons of certain temperaments.

This is a circumstance that cannot well escape the observation of an attentive practitioner, and in large hospitals especially. I may briefly mention, as examples, the occurrence of acute rheumatism, and, consequently, often of pericarditis, in individuals in whose temperaments the sanguine predominates. Anasarca and ascites, dependent on renal disease, in persons of lymphatic, or lymphatic sanguineous temperaments, and ascites, dependent on hepatic disease, in those in which the bilious predominates. A careful comparison of cases convinced me of the truth of this theory in a general point of view; and my observations not being confined to individuals of the same trade and habits, but all the numerous classes of artisans met with in a large manufacturing and com-

mercial district, they cannot be said to be derived from, or rendered applicable to, one class of mechanics only. A greater tendency also appeared to me to exist, to the generation of organic disease, perhaps especially that of the liver, in individuals of highly bilious nervous temperament; and this hypothesis would appear to be partly confirmed by the observation of a recent writer, who mentions the comparative frequency of carcinoma of the uterus (in a number of cases treated by him) in females of highly bilious temperament.

With regard to the utility of a knowledge of the temperaments in surgical diseases and accidents, the principal benefit that I conceive to be derived is, in many instances, to render the diagnosis and prognosis more clear and certain, and thus afford material assistance to him in some cases.

It has been my endeavor, in the foregoing remarks, to treat as concisely as possible some of the leading points connected with a subject that admits of very extensive research, even if one not capable of affording material assistance to the physician in the diagnosis and treatment of disease, at least one that might tend to elucidate some of those as yet hidden phenomena which we meet with in practice; and my object, in giving publication to these brief and imperfect remarks is—through the medium of the *Lancet*—if possible, to draw attention to the subject. It is now a year since most of the foregoing notes were made, at a time when enjoying considerable opportunities for so doing, and my subsequent experience has tended to confirm the opinions I entertained then.—*London Lancet.*

#### CASE OF INVERSION OF THE UTERUS.

By E. Fisher, M.D., of Waynesville, Ohio.

On the 26th of September, 1835, at 10 o'clock, A. M., I was called to Mrs. D——, in labor. She was about 35 years of age, and had given birth to several children—said that two weeks previously, in attending the funeral of a relative, she rode several miles in a farm-waggon over rough roads, which excited pain in the loins and hips, and weakness of the inferior extremities, attended with difficulty of locomotion; all of which continued up to the morning of the 26th.

From the day of the funeral she had felt no motion of the fœtus, and, to use her own language, she was “eight months gone in pregnancy.” The pains were slight, irregular and transient. Upon examination I found the pelvis unusually large, the os uteri well dilated, and the membranes protruding. The temperature of the skin was natural, pulse regular, and bowels open.

As I conceived there was but little to fear, I deemed it prudent to give nature time to effect her purpose. Ten grains of pulvis Doveri were administered, which procured an hour's repose. The pains then returned, but continued feeble an hour longer without any appreciable change, when suddenly a violent throe thrust fœtus, placenta, and body of the uterus beyond the labia exteriora.



The foetus was very small and putrid; the funis umbilicalis, as nearly as I could estimate it (not having any means of measurement), was eight inches in length. The placenta was detached, and complete inversion of the uterus had taken place. I was shocked for a moment with the condition of my patient, but knowing there was no time to be lost, I immediately commenced an attempt to return the uterus. I passed the index of the right hand into the vagina, then carried it round the tumor, till I became fully satisfied as to the condition of the parts. The os uteri looked into the pelvic cavity, and the finger could not be brought into contact with it.

The uterus was as flaccid as a wet bladder; a circumstance which inspired a ray of hope that something might be done to relieve the patient from a situation but little more desirable than death. I placed the fingers of my right hand against the fundus of the uterus, pressing it gently upwards in the direction of the axis of the inferior strait, while the left hand was placed over the hypogastric region to prevent the uterus from rising into the abdomen. I carried my right hand up the vagina a sufficient extent to enable me to return the uterus, which was done with less difficulty than could have been anticipated. Not the slightest contraction of either the fundus, body, or neck of the organ, took place during the operation. I made an attempt to withdraw my hand, and the fundus followed it. And notwithstanding frictions were made over the hypogastrium with the left hand, while the knuckles of the right were caused to press against the fundus of the organ within, the uterus still remained flaccid, and during some minutes manifested no disposition to contract. I ordered one drachm of *secale cornutum* infused in six ounces of water, two ounces of which were to be given every ten minutes; the third portion produced contractions, and by grasping the fundus between the thumb and fingers of the left hand, through the walls of the abdomen, in less than fifteen minutes the contractions became so violent that my hand was forced out into the vagina. No further difficulty ensued. The hemorrhage was less than in an ordinary case of labor at the full period of utero-gestation, and neither pain nor syncope occurred prior to or during the inversion of the organ. The practicability of returning the uterus when a complete inversion has taken place, has been doubted by Dr. Dewees, he not having been able to succeed in those cases that came under his observation, on account of the contracted condition of the cervix uteri, and while the fundus and body remained in a relaxed condition. He conceived that in such cases the disproportion between the several parts of the organ was so great, and its attachment with the pelvis so low, that any attempt at restoration must prove abortive. In the case of Mrs. D. an injury had been sustained by travelling in a farm waggon over rough roads—a dead foetus retained in the uterus some days—the funis umbilicalis some eight inches in length, and when the labor came on, the foetus appeared to be expelled almost entirely by the action of the abdominal muscles. In Dewees's cases, atony of the fundus and body existed, while the cervix and os uteri retained their contractile power. In the case under consideration the fundus, body, cervix and os uteri were in a state of extreme atony.—*Illinois Medical and Surgical Journal.*

## MEDICAL TOURIST'S NOTES.

[DR. JOHN SPENCE, JR., of Boston, who has recently been travelling in Europe, is the writer of those graphic letters in the *Christian Watchman*, of this city, under the unassuming title of "Pencil Sketches on a Voyage to, and a Tour in, England." This is what he says of medical things in a Liverpool Jail, and other matters.]

In company with a surgeon, I visited one of the prisons or jails in Liverpool. After seeing those patients who were sick, we retired to the surgeon's office, located in the yard, where those prisoners who complain of sickness, are ranged along with their faces towards the wall. They are called in, one by one, and state their ailments. The inducements to feign sickness are many, and oftentimes it is a difficult matter to decide in reference to their complaints. When they state that they are sick, and there is reason to doubt it, the daily allowance of bread is cut down, or they are put upon a light diet, or *mica panis*, rolled into a pill, is administered, which oftentimes cures them. With a little faith, even as a grain of mustard seed, bread pills will often work wonders—as startling in their effect, as *one*, or a thimblefull of *wee homœopathic pills*, when the mind feigns, or fancies, disease. And these tiny pills, that one can pick up in almost any number upon the point of a cambric needle, which are about as large as the little end of nothing, possess such a wonderful and hidden energy! and they are so *very* small, and so *very* sugary, and so *very* white, and so diluted, and expanded like gold leaf; and the system is so novel, and the liquid medicines must have so many *shakes*, and *then* the pills won't choke, but melt in the mouth like sugar plums, or even as a frozen rain drop; and then there are so many mortals that will have fancied and ideal diseases—without a local habitation and a name—why, who can wonder? It is evident that it requires nothing to cure nothing—*similia similibus*.

And now concerning water, used not in minute doses, but by tumblers full, in long array, not only internally but externally, not as an abluent, but as a panacea; and why not drink water, as it stands at the head of the list in prison bills of fare. There is that twin absurdity, yelped hydropathy, or water cure. And who does not know that water—one of the most abundant elements in nature—is good to bathe in, circulating and quickening the blood; or that where there is an excess of heat in the human system, there is an excess of blood; that life is an internal fire, which air fans and food feeds; and that gelid water, or ice even, is a most powerful local remedy in active inflammation. This latter is one of the cardinal principles of surgery. And who does not know that pure water is better as a drink than rum. Who was it that started the cry of water as the panacea for all "the ills that flesh is heir to"? Was it that son of the Emerald Isle, who, as his wife said, "lay *spacheless* all the month of June, crying water, wa-ter"? I see that Bulwer, *even*, has come out with a long manifesto in favor of water cure, from actual experiment. He speaks in glowing terms of the magic efficacy of this element. If he had quaffed and steeped himself in this innocent liquid in lieu of

others, he might have been ignorant of the simple virtues of the mountain stream, when bathed in. If our hydropathists would enlist their efforts in behalf of temperance, and turn erring man from liquid fires, to drink at the cool and clear crystal spring, or enjoin upon mankind, when in health, to lave in ocean's fount, instead of lauding water, water, as the sovereign cure for all diseases, they would confer a lasting benefit upon humanity.

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#### PUBLIC CONSISTENCY—THE STUDY OF ANATOMY.

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—Having taken some notice of public opinion and of State Legislation in years gone by, I thought I would communicate some of my thoughts to the Editor of the *Medical and Surgical Journal*; and whether or not he thinks they are worth inserting in that highly useful publication, I shall submit entirely to his judgment. The public frequently expect more of physicians than they have the ability to perform, and unreasonable expectations often end in sore and aggravated disappointment. The physician is in an unenviable, and any condition but a comfortable one, when the disease of his patient is beyond the power of his skill to alleviate, and his friends are trusting to the physician as one endowed with supernatural power.

The public demands of us a thorough knowledge of our profession in its various branches. If a bone is dislocated, we must know how to reduce it with despatch. If a tumor is to be removed, we must know how to extirpate it without interfering with those tissues which are essential to life, and be able to restrain hemorrhage. And, finally, we are required to manifest the highest degree of skill, with decision of character, and to be expert in all our surgical operations. If the physician is called to the bed of the sick, he must have a knowledge of the organ diseased, its situation and structure, and how to apply the remedy. Now to accomplish all these requirements, a person must have a knowledge of anatomy. And what says the public on that subject? Why the law and the people say you must not have a dead body for dissection, unless you steal it; and the law says thou shall not steal. Must, then, the students, who are in pursuit of this necessary information, become thieves? and undertake the most revolting of all robberies, robbing the graves of their deposits? And what comes next, if they happen to be detected in their depredations? Why they are shot down like the most noxious of dumb beasts, or are hunted like sheep-stealing wolves from place to place, with loss of character if not the loss of life, till the boundaries of more than one State interpose between them and their attempted prize.

The act passed in our Legislature "concerning the study of medicine" in 1845, reminds me of the anecdote of the old gentleman, whose wife brought her husband a large land estate. The old man, one day, feeling in an uncommon affectionate mood, informed his wife that he had made his will and had given her one third part of all his estate. She replied, with "suitable resentment," "the d—l thank you for that—I don't, I



could have held that without your liberality, and am no better off than I was before you made your will."

Yours, &c.

Wilmington, May 9, 1846.

SILAS BROWN.

#### PREVENTION OF EARLY BALDNESS AND GRAY HAIRS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When I was short of 40 years old, I became quite gray, and my hair fell off so much that I began to entertain serious thought of getting a wig. On recovering from a sickness about that time, with dry skin and dry scalp, and being sedentary from necessity, I contracted the habit of using a common pocket-hair comb, daily, and often in the day, without regarding what remained of my hair, as I had made up my mind that I must wear a wig. To my pleasant surprise, I found the white hairs were daily disappearing, and their places were being supplied with a fresh crop of healthy hair. I have continued, of course, the use of the comb—and now, at 60 years, though my muzzle is as gray as a badger, my poll is well covered with a respectable fleece of healthy hair, and not a gray one to be found.

Yours, &c.

L.

#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1846.

*Being Venerable.*—Graphic sketches occasionally appear in the medical publications, here and there, accompanied by observations on contemporary journals, in which our own is very respectfully called *venerable*, as though it were well advanced towards the conclusion of one hundred years, at least! This is all quite proper, in a country where things are old when not much more than thirty years of age. However much it may savor of distinction to be denominated the *venerable*, as the Buffalo Journal calls us, although we are not conscious of any signs of decay, it may not be out of place to say, that the green old age of the Boston Medical and Surgical Journal is to be referred to a distant future—a period when spectacles, a bent form and snow white locks, shall present the evidences of being worn out with age and uninterrupted industry.

*Hartford Co. Medical Society, Ct.*—The members had a spirited and instructive meeting, Dr. Archibald Welch in the chair, on Thursday, April 9th. The preliminary business of the meeting being disposed of, a Dissertation was read, pursuant to appointment, by Sidney Rockwell, M.D., of South Windsor, entitled—"Present State of Medical Affairs in Hartford County." It was a well written paper, says a Hartford Journal, confined chiefly, however, to a notice somewhat detailed of the various forms of empiricism which prevail in this county, and the readiness with which

too many, of whom better things might be expected, become its dupes, if not willing and active advocates. Certain facts and circumstances which were stated in the dissertation, seemed to imply, that the more palpable the absurdity of a new notion pertaining to medicine, and the more ignorant of the principles of medicine—principles which the experience of ages has served to elucidate and confirm—were its advocates, self-styled doctors, the more speedily did the former find favor, and the latter practice.

The picture which was presented by the doctor, graphic, truthful and eloquent, was regarded by his brethren with deep regret: the rather as it indicated a surprising credulity on the part of many, the result of which must often of necessity be disastrous, and anything but a just recompense to much of fraud and deception—than because of any diminution which might result therefrom to their own professional emoluments.

A Dissertation entitled "Diagnosis" was then read by appointment, by Dr. Roswell Hawley, of South Glastenbury, in which both the method of ascertaining, and the great importance of a clear and accurate idea of the nature and extent of those lesions, whether organic or functional, which physicians are called to treat, were set forth, and illustrated by several well-chosen examples. So entirely did the views presented by the doctor accord with the sentiments of those present, that they were adopted with little discussion.

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*Vermont Medical Society.*—A semi-annual meeting of the Vermont Medical Society will be holden on Wednesday, June 10, in connection with the commencement of the Vermont Medical College, at Woodstock, and a general attendance of delegates and regular members of the profession is solicited.

R. W. Rockwell, M.D., of Brattleboro', and Orin Smith, M.D., of Berlin, have been appointed to give addresses before the Society; "and we have every reason to believe," says Dr. Allen, the Secretary, "that each gentleman will very acceptably discharge the duty of his appointment." Medical gentlemen who may have interesting and useful facts to communicate, are requested to come prepared to present them to the Society as time and opportunity may occur.

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*Middlesex District Medical Society.*—To-day is the anniversary of this association, at Lowell, Mass. Dr. J. Curtis, of that city, will deliver an address, which will, no doubt, be a good discourse. Medical advice and surgical operations are gratuitous, on that occasion, to all patients who may present themselves. Officers are to be chosen for the ensuing year. Dr. Cutler, of Pepperell, is now the President.

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"*A Question of Originality Settled.*"—Such is the title of a half-sheet pamphlet, reprinted from the New Orleans Medical and Surgical Journal, by Dr. Dowler, of that city, in relation to *fibrile calorificity, both before and after death*. Dr. Dowler is a man of deep research, and abundantly able to maintain his claim to priority of discovery in this matter, against the whole medical press of England, if it were at all necessary to make such extraordinary exertions.

*Eastern Medical Reformer.*—In Rutland, Vt., a journal is published monthly, claiming to be devoted to the Herculean labor of medical reform. The revolution this little feeble instrument would produce, if it could, would probably be hardly recognized in the great world, since it is exceedingly difficult to understand what the editor proposes to accomplish. One prominent fact should not be lost sight of by the readers of this mighty sheet sent forth from the summit of the Green Mountains, viz., that Dr. Hibbard, the editor, notifies the public that he will be at certain places in the course of thirty days, to pour in the oil and wine in the case of those who are so simple as to swallow the bait. So the secret of this reforming individual's philanthropic efforts to enlighten the people on medicine, is contained in this trite saying—"there are tricks in all trades but mine."

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*Anatomical Commission Agency.*—By a circular through the post office, we are informed that Dr. Wm. A. Clendinen, of Baltimore, intends proceeding at once to Paris, where he will become an agent "for the purchase of anatomical preparations, models, casts; surgical instruments and appliances; scientific apparatus; medical, surgical and scientific books, plates and engravings; matters of professional and artistic interest. The importance of the Schools of Pathology in Paris, and the advantages arising from them for obtaining the most perfect specimens of morbid anatomy, are too generally known to need comment.

"Letters should be most legibly directed to Dr. Wm. A. Clendinen, care of Messrs. A. Bininger & Co., New York, or of Messrs. Clark & Kellogg, Baltimore, who will promptly forward them. In no case will orders be attended to, when unaccompanied by satisfactory remittances, for the amount of which, either of the above firms will receipt; but all cash orders (howsoever small), will, when explicitly detailed in writing, be promptly executed. The average commissions will not exceed ten per cent."

His references to professional gentlemen in various cities are unexceptionable. The idea is original, and may prove both convenient and economical for purchasers in the United States.

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*Books on Hydropathy.*—The editor of the Vermont hydropathic paper says he is frequently asked what works to read, explanatory of the cold water cure. Here follows his catalogue:—"Some of the best have not been yet translated from the German; but Weiss, one of the best, has been translated and published in England; Capt. Claridge's and Dr. Wilson's, English works, are also valuable. These can only be obtained by ordering them from England. An excellent little work by Dr. Balburnie, has been re-published in New York, and is to be had for twenty-five cents, and is, perhaps, the best book easily obtainable. A little compendium of translations from German treatises by F. Græter, was some time ago published by Radde, N. Y., for about seventy-five cents. Dr. Shew has also published one large and several small works."

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*A Country where Medicine was unknown.*—According to Capt. Wilkes, the practice of medicine was wholly unknown in the Hawaiian Islands before their discovery by modern navigators. The natives had no physi-



cians—and the only approximation to medical treatment was, that when they had eaten too much, they drank sea-water in large quantities, which acted as a vigorous cathartic. They also resorted to *loomi-loomi*, or kneading the body with their hands, in cases of fatigue or pain—a custom still in vogue. In the reign of Atapai, the predecessor of Kalaïopu, who was king when Capt. Cook visited the group, the practice of medicine, as a distinct, recognized branch of business, took its rise. An epidemic is said to have been extensively prevalent at that period, and the doctors then made by the necessities of the people, afterwards greatly increased in numbers, during the life of Kamehameha I. In the following reigns, the doctors had become so wise as to have a variety of nostrums, like the quacks in American cities.

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*Diseases in the South-Sea Islands.*—On the authority of Mr. Whitney, the rapid depopulation of these Islands is ascribed to the introduction of syphilis, by the first voyagers. It now pervades the entire population, says Capt. Wilkes, and has reduced the natives to a morbid, sickly condition. Many of the women are incapable of child-bearing, and of the infants born, only a few live to come to maturity. In the district of Koloa, Oahu, infanticide is not known, and drunkenness rarely, if ever, happens. There are no epidemics—but asthma and ophthalmia are not uncommon. The latter disease is thought to be produced by fine particles of sand, forced into the eye by the strong winds. At Kauai, but few die of acute diseases. Dropsies, palsies, and diseases of the lungs, are causes of many deaths. Syphilis is rare at that particular place, but gonorrhœa prevails extensively.

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*National Medical Convention.*—The New York Medical and Surgical Reporter of last week was published in advance of its usual time, and contained a full report of the doings of the late Medical Convention in that city. The condensed report in our own Journal last week was obtained from the more complete ones in the New York papers. It was all that could be then conveniently inserted, and was in fact sufficient to impart a general knowledge of the proceedings. Copies of the New York Surgical Reporter, we presume, can be obtained at the office of publication, by those who wish a fuller report.

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*Illinois Medical and Surgical Journal.*—The first No. of a new series of this work, for April and May, has just reached us. The numbers are enlarged, containing 96 pages each, and are published every other month. It is to be issued simultaneously at Chicago, Ill., and at Indianapolis, Ind. The names of four editors—Drs. Blaney, Brainard, Herrick and Evans—are given on the cover, and original contributions from other sources are contained in this No., and promised in future ones.

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*Association of Medical Superintendents of American Institutions for the Insane.*—The National Intelligencer, at Washington, states that “the second meeting of this Association convened at Coleman’s Hotel, in this city, on Monday last, and is attended by gentlemen of distinction from

nearly every section of the country. We understand that nearly every hospital and asylum for the insane, of any note, in the United States or Canada, is represented at the meeting, and that the discussions are likely to be important, and to lead to many improvements in the treatment of the insane, and the construction of buildings for their custody and management. Dr. Woodward, of Worcester, Mass., is President of the Association; Dr. Awl, of Columbus, Ohio, Vice President; and Dr. Kirkbride, of Philadelphia, Secretary.

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*Endemic Trismus.*—A distinguished practitioner on Long Island, N.Y., writes under date of last week, that an endemic tendency to trismus and tetanus exists in his neighborhood, following the most trivial wounds. He has not yet been able to ascertain a satisfactory cause.

The same tendency has had a perpetual existence in the Danish Island of St. Croix, which has never been explained. The young negroes die from very slight injuries, which has proved a serious affair to the planters, as it is probably one of the direct causes of the decrease of slaves.

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*Strychnia in Coma.*—Dr. A. W. Benton, of Sterling, Whiteside Co., Ill., has communicated to us, by letter, the following interesting result of his observations on the use of strychnia in coma, under the circumstances which he specifies.

"In some cases of fevers in malarious districts I have noticed (and probably others have) a kind of coma, which seems to be almost entirely functional, that is, without any apparent organic lesion to operate as a cause. In the commencement, these cases put on the usual symptoms common to remittent fevers, with perhaps a little more lassitude in the commencement, and less disturbance of the circulation.

"After treating them in the usual manner for a few days, the tongue becomes moist, the secretions nearly natural, the skin moist and soft, and everything seems to be improving, with the exception of the function of the brain. When we would look for convalescence, the patient begins to be dull and drowsy, and when roused seems to care for nothing, still he has his reason. It seems a great effort for him to speak; in fact, there seems to be a want of volition. He breathes full and easy, with no stertor, but at each expiration there is a distension of cheeks and lips, a kind of puffing out of the breath. There is no delirium and no muttering.

"In such cases I have used the strychnia, in doses of one-twelfth of a grain, once in six hours, with the happiest effect; the patient gradually arousing, and under its use for 24 or 48 hours, he becomes slowly convalescent.

"I do not know that this practice is new to others, but I do not recollect seeing it recommended."—*Bulletin of Medical Science.*

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*Mammoth Doses of Quinine in the Collapse Stage of Typhoid Fever.* By J. Stringfellow, M.D.—A patient, 14 years of age, was violently attacked with fever, which continued for seven days, and collapsed into the typhoid type; profuse or colliquative perspiration then ensued, and could be prevented by stimulants only. I gave carb. ammonia, cayenne pepper, sulphuric acid and Cogniac brandy, every half hour or every hour, and could effect no change until I called in to their aid the *magnum Dei* do-

num, the sulphate of quinine, in doses of from thirty to fifty grains every hour or two, which remedy did never raise the pulse above the natural standard.—*Ibid.*

*Preparation of the Tinctura Rhei Aquosa.*—In order to prepare a watery tincture of rhubarb, which will keep better than that prepared as usual, according to the direction of the pharmacopœias, M. Simon recommends the following method. Three ounces of rhubarb cut up fine, are placed in a glass funnel, having a straight neck, the tube of which is loosely stopt with cotton; over this a sheet of white blotting paper is laid, over this again a layer of white, well-washed river sand. Six drachms of carbonate of potash dissolved in twenty-six ounces of water, are then slowly poured upon it, and afterwards six ounces of pure water. The fluid which has passed through, is then carefully evaporated, until two ounces, four drs. forty-eight grs. of alkaline extract remains, which is put up for use. In order to prepare the tincture from this extract, which will keep a long time, it is only necessary to dissolve ten drs. and twenty-four grs. in eight ounces six drs. of distilled water, and add two ounces of vinous cinnamon water.—*Pharmac. Central Blatt.*

*Medical Miscellany.*—Dr. Woodward, of Michigan, has been arrested, charged with having caused the death of Maria Harding, by administering medicines to procure abortion.—Dr. Hallick has been prosecuted in Philadelphia, for delivering lectures, say the papers, on anatomy.—An albino, 6 years of age, at Newark, N. J., was born of perfectly black parents.—The west wing of the Massachusetts General Hospital is completed and open for inspection.—Wm. Hancock, a dwarf, 17 years of age, weighing only 27 pounds and measuring 37 inches in height, has been exhibited at Wilmington, N. C.—A prize of \$250, offered in England for the best essay on Agricultural Chemistry, has been awarded to P. Norton, of Farmington, Conn.—The plague is still raging at the Island of Bona Vista. Report says it has also appeared at Goree, and from 15 to 20 were dying daily. Smallpox was also rife at the Island of Goree, Africa, in February.—Dr. Lucius Hitchcock, of New Orleans, has recovered \$1500 for an illegal arrest.—That once fashionable West India malady, called the *dengue*, is now prevalent among the horses at St. Louis, Missouri.—Messrs. Samuel S. & Wm. Wood, medical booksellers, 261 Pearl St., New York, have a grand assortment in their collection of books.—Mrs. Joanna Crane died at Berkley, Mass., last week, at the age of 100 years, 1 month, 15 days.—At Waldoboro', Mr. Geo. Cock, 99.

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MARRIED,—In Boston, Dr. James M. Phipps to Miss S. Willard.

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DIED,—At Hubbardston, Mass, Dr. Abijah S. Clark.—At Walpole, N. H., Dr. John Williams, 97 years and 10 months.—In New York, Dr. M Kon, 25.—At Saratoga, N. Y., Dr. John Clark, proprietor of Congress Spring.—At Philadelphia, Dr. James Mease, 75.

*Report of Deaths in Boston*—for the week ending May 16th, 71.—Males, 30, females, 41. Stillborn, 4. Of consumption, 7—intemperance, 1—childbed, 2—disease of the bowels, 1—bilious fever, 1—delirium tremens, 1—convulsions, 2—typhus fever, 3—inflammation of the lungs, 4—smallpox, 1—measles, 15—lung fever, 4—scarlet fever, 5—infantile, 3—tumor, 1—ulcers, 1—cholera infantum, 1—suicide, 1—erysipelas, 1—dropsy, 2—hooping cough 1—accidental, 2—scrofula, 2—sudden, 1—croup, 1—dropsy of the brain, 4—rheumatism, 1—hernia, 1—disease of the liver, 1.

Under 5 years, 35—between 5 and 20 years, 11—between 20 and 40 years, 12—between 40 and 60 years, 11—over 60 years, 2.



*Case of Cerebral Extravasation (Extrusion?) in a New-born Infant, followed by Spontaneous Recovery.* By HATTERSLY P. WORTHINGTON, M.D., of Elkridge Landing, Maryland.—January 27th, 1846, at 1 o'clock, P. M., I was called to attend Mrs. L—, æt. 20, in labor with her first child. She had had moderate labor pains since 11 o'clock of the previous night. Upon examination, I found the head presenting in the first position (Velpéau); the *os tinæ* slightly dilated; the pelvis below the medium size, but without any deformity of shape. The uterine efforts became more decided, were frequent, and of sufficient power to cause a steady advance of the head. Although the labor was tedious, I saw no necessity for artificial assistance, but left the case to nature, and at 3 o'clock the next morning the child—a fine male, weighing nine pounds—was delivered. The head appeared more than usually elongated, with a soft pulpy tumor, of the size and shape of half of a hen's egg, over the lamdoid suture, to the right of the posterior fontanelle. As the opposite side of the head assumed its natural shape, this tumor continued to occupy its situation, pressing out through the suture, and separating the bones from each other. At the expiration of two weeks it remained without change, feeling soft, without any perceptible fluctuation.

My esteemed friend, Dr. Robert E. Dorsey, now saw it with me, and we were induced to believe there was an arrest of bony formation on this part of the skull. We determined to do nothing for the present—the child enjoying good health—but to await the occurrence of events requiring interference.

On the 16th of February I observed an evident decrease in the size of the tumor; the following day this was more perceptible, and on the 18th it had entirely disappeared, and the sutures had approximated as nearly as upon the opposite side. The child continues to thrive, having apparently suffered but little inconvenience from this rather unusual freak of nature to facilitate its passage into the world. The labor was attended with consequences to the mother, the relation of which I shall reserve as the subject of a future paper.—*Medical Examiner.*

*New Medical Works in London.*—Hydropathy in 1700; being the History of Cold Bathing, both Ancient and Modern; showing that the present Hydropathic Treatment was successfully followed in the 17th and 18th centuries; proving its efficiency, and containing a variety of cases and cures in gout, rheumatism, consumption, asthma, insanity, fever, smallpox, hypochondriasis, rickets, &c. &c. By Sir John Floyer, Knt., and Dr. Edward Baynard.—Medical Notes on China. By John Wilson, M.D., F.R.S., Inspector of Naval Hospitals and Fleets.—Chemistry of the Four Seasons. Illustrated with wood engravings. By Thomas Griffiths, Lecturer on Chemistry at Bartholomew's Hospital.—Instructions for making Unfermented Bread, with observations. By a Physician.—A Physiological Essay on the Thymus Gland. By John Simon, F.R.S., Demonstrator of Anatomy in King's College, London, and Assistant-Surgeon to the King's College Hospital.—Memoranda on Difficult Subjects in Anatomy, Surgery, and Physiology; for the Young Surgeon or the Student preparing for Examinations. Second edition, recompiled and much enlarged. By Mark Noble Bower, Surgeon.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## MEDICAL MATTERS, &c., IN NAPLES.

From Prof. F. H. Hamilton's Notes of an European Tour.

NAPLES has a population variously estimated from 350 to 450,000, crowded into the narrowest possible space between the high grounds and the sea—dwelling in narrow and irregular streets—occupying every square foot of room from the cellar to the attic of five and six storied houses; and the 40,000 Lazzaroni, living on the sands of the beach, and sleeping at night under the sheds of the market places—beneath the stone gateways and within the cortiles of public buildings. A huge, compact mass of human beings, drawn together no one can say for what purpose, sustained no one knows by what means—and who all their lives do little else than laugh and chatter, eat macaroni, drink wine and say mass. The king—"king of the Lazzaroni"—loves his people, as a wolf loves the tender kid. He has a palace in the heart of the city, that he may enjoy their constant proximity; and an impregnable castle directly behind it, to which he may retire when their company becomes irksome. When the cholera decimates the population, he celebrates mass for them in his palace at Portici, and sends word that no one must leave the city; but commands that they confess their sins and renew their vows and their *offerings* at the chapels of their saints. When, perishing with famine, they press on him along the Ponte della Maddalena, and throw their black bread into his carriage, he turns his eyes upwards towards the statue of St. Gennaro, and implores a blessing upon the wretches, then orders his secretary to raise the impost upon salt to \$3,00 per bushel, and forbids the use of the sea brine under penalty of the galleys—to levy a new tax for the building of public roads, but which in three years will be legally forfeited to the crown, because the crown has not authorized the disbursement of the sums thus raised, and to enforce rigidly the payment of one-fourth of all the rents into his own exchequer. To-day I saw the son of the King riding along the chiaja and throwing a few grana to the beggars. My friend *whispered* that he was "making a short loan, and he would call for it in a few days with tremendous usury"—that "such liberality always betokened a new and grinding impost." I am not a seer or this youth is the last of that despotic and bigoted house who shall press the iron upon Neapolitan necks; for when, driven by the tempest of the French revolution, the seeds of liberty were scattered every where over the plains of Europe, a few withered and straggling grains were let fall!

along the fertile banks of the Sebeto and upon the warm hill sides of Parthenope, where, swelling into life, they soon struck their vigorous roots deep and strong, and to this day these plants of liberty defy the power of the "Holy Alliance" to tear them up. The "Jacobins" of 1794 and the "Carbonara" of 1820, were from the same stock with the noble patriots, who a few days since were thrust into the dungeons of the Vicaria, for having dreamt of freedom, and who are to be tried and *executed* upon the testimony of letters surreptitiously obtained from the London Post Office by order of Queen Victoria! an act of contemptible espionage and royal theft, which "purple" cannot cover.

From narrow and putrid lanes—from taxation, meagre diet and famine—from poverty, rags, and homeless beggary—from mental enslavement, political servitude and chains, the transition to hospitals, alms houses, foundling establishments, lunatic asylums, prisons and galleys, is not forced. The one are the fountains and head streams—the other the artificial pools into which these various tributaries pour their muddy tides.

The "*Spedale degl'Incurabili*," which I visited in company with an English physician for many years a resident of Naples, is situated in a very pleasant and sufficiently elevated part of the city, not far from the College of Medicine and Surgery, and the famous "*Museo Borbonico*."

It was established and endowed by a lady of fortune in 1519, and having since then received frequent munificent donations, it has been from time to time enlarged, until now it is the most extensive hospital in the city, and will accommodate more than 1200 patients; who, as the name of the hospital indicates, are generally afflicted with chronic and "incurable" diseases. Females, however, suffering from lues, whether acute or chronic, are sent to the Hospital "*Di La Fede*"—there is also at the S. d. *Incurabili* a ward for lying-in women, but devoted exclusively to the unmarried. The infant may be retained by the mother when she leaves, or it may be sent to the Foundling Hospital, to be forever excluded from a knowledge of its parentage. As a suffix to this latter ward, there is a portion of the building allotted to such females as wish to retire from the world.

Connected with the Hospital are four clinical chairs, viz., Medicine, Surgery, Obstetrics and Ophthalmology. There is also a chair of Practical Anatomy, which was formerly occupied by the celebrated Dominicus Cotugno ("*Cotunnus*") whose name is familiar to the student of anatomy in connection with the vestibule of the ear, and the spheno-nasal branch of the superior-maxillary nerve. Cotugno died in 1822, having bequeathed to this hospital 80,000 ducats, or about \$64,000. In a large and sombre apartment—"the Consultation Room"—among a number of portraits hangs that of Cotugno, distinguished for its mild but intellectual countenance.

The wards of this Hospital are spacious and well ventilated, but not remarkable for neatness or the order of internal arrangements. I missed here, for the first time in Europe, the "Sisters of Charity"—their places being supplied by male attendants—and perhaps this is sufficient to account for a more than usual lack of cleanliness. Possibly my not meeting



with any of the "Sisters" might have been merely accidental. The two wards devoted to phthisical patients did not appear comfortable. The ceilings are arched and rather low, and the windows, arranged upon only one side of the apartments, are too loose and open to secure the occupants from the damp and chilling tramontane. The number of consumptives is now about 100, and of all the inmates they seemed the least cared for. In all the South of Italy, consumption is believed to be contagious, at least by the people; and I am told that many respectable physicians hold the same opinion. The consequence is that most of the foreigners suffering under this or any similar malady are driven from both private and public houses to the hospitals, where they are lodged as in a "Pest House"—entirely separated from the other wards, and avoided as much as possible by the "Capi Corsee," or ward servants. The floor was dirty, the linen soiled, and the patients, each of whom administered to himself from a cup of antimonial solution, looked sad and friendless, and altogether it was a most sorrowful place.

In a small room, called the *Muséum*, may be seen, with other anatomical and pathological specimens, a part of the cabinet of the celebrated Scarpa.

The "*Spedale della Misericordiella*," situated not far from the "*S. d. Incurabili*," I did not visit. I understood, however, that it belongs to that very humane society the "*Misericordia*, whose members are occasionally seen in the streets, enveloped in a complete mask; of which fraternity I shall hereafter take occasion to speak and to describe more particularly. The order exists throughout Italy, and I shall doubtless meet with them again, and learn more of their character, duties, &c.

"*Santa Maria della Fede*" is still beyond the "*Misericordiella*"—in a quarter of the town to which "*Dickens Points*" of New York, *St. Giles* of London, or *La Cité* of Paris, afford no parallel—for here is a series of streets, forming a city in themselves, where every house is a lupanare, every man a pander, and every woman a courtesan. The hospital of "*S. M. d. Fede*" is devoted exclusively to these wretches, and corresponds to *La Loursine* of Paris. The civil and medical police regulating this class of citizens at Naples is similar to that of Paris, but neither as rigid, systematic, or effective. Such open violations of decency are not witnessed, I am confident, in any other city in the world, as in these horrible purlieus.

Returning again westward, toward the centre of the city, we see not far from the "*Vicaria*," or State prison, a dark prison-looking building, situated upon the *Piazza Capuana*. This is the "*S. San Francesco*," or hospital for the reception of sick convicts. Passing by which, for you will not be admitted except by special permission, and crossing the court containing the prison and courts of justice, you enter the "*Sirada de Tribunali*," on the east of which stands the "*Spedale della Pace*," occupied by males affected with fevers, inflammations, &c., and which is at the same time one of the smallest and neatest charities in the city.

To see the hospital ("*Santa Eligio*") devoted to females laboring under similar diseases, you must leave this comparatively wholesome por-

tion of the city and thread your way southward a long distance, among irregular and constantly darkening streets, until you find the "Piazza del Mercato," the principal market square; celebrated in Neapolitan history as the spot where in 1647 Thomas Aniello, by the populace called Masaniello, commenced his famous revolt, and upon which in 1268 the young Prince Conradin was executed. The hospital stands just off from this square, amid loathsome odors and a more loathsome population. How the poor sick females can manage to live in spite of the braying of jacks, the shouting of market men, the malaria, &c., I cannot conceive, unless, indeed, the inmates were all residents of this quarter, and had thus become acclimated before they were received.

The hospital of "Loreto" is about half a mile out of the Porta Carminia, on the road to Vesuvius.

The hospital of the "Pellegrini" is in quite the opposite part of the city, and not far distant from the spacious piazza called the "Santo Spirito." In it are admitted male patients who have received surgical injuries. The number is not large, but the building is ample and commodious.

There are in the city two principal military hospitals for the army, "La Trinita," and "La Sagramento." "La Trinita" is on the slope of the hill upon which is placed the formidable castle of St. Elmo. The building was originally a convent, and is one of the thousands which Napoleon (in this instance *Murat*) suppressed in Italy, and with the lands and revenues devoted to a *useful* purpose. This convent Murat gave up to his brave soldiers, of whose comfort he was never less mindful than his brother;—for the monks of La Trinita had chosen one of the most delightful and airy spots in the city, and their green and well shaded terrace commanded a complete view of Naples and the bay, from whence now, such of the patients of the hospital as can see, for a large number have lost their sight, enjoy daily the splendid panorama spread beneath them. With such a residence one might almost envy them their misfortunes.

When Gualandi, of Bologna, wrote of this hospital in 1823, he noticed the great prevalence of ophthalmia among the soldiers of the Italian army, and he ascribed it to the "fine dust formed from the tufa rock upon which Naples and all the adjacent country stands; to the use of stimulating drink" (principally, but not entirely, the native wines); "to chilly nights succeeding hot days, to the reflection of the sun, and to contagion." But since ophthalmia is not especially prevalent among the citizens of Naples (indeed I have not seen a blind eye, and rarely a blind eye, among all the mendicants, those itinerating lazars of Italy), who are equally exposed to most of the above assigned causes—and having noticed that a large number of the soldiers were under treatment in the syphilitic wards, I have thought that to gonorrhœa and lues might be ascribed many of those destructive ophthalmic inflammations. The hospital contains not far from 900 patients.

"La Sagramento" is smaller and not as pleasantly situated, but in the same quarter of the city.

Following me in my rambles back to the "chiaja," the navy and marine hospital called Piedigrotta may be visited while you are paying a visit to the tomb of Virgil and the "Grotto of Posillipo," near the eastern entrance of which it stands. The wards are more like those of American hospitals than any I have yet seen, being smaller and more numerous, and thus effecting a more complete separation of the patients; at the same time that by the arrangement of windows and doors "*vis a vis*" a perfect ventilation is ensured. No one feature of nearly all the European hospitals have I felt so much disposed to censure as the great extent of the "*salles*" and the consequently large number of invalids who are crowded into one apartment, within sight and within sound of each other, and who are compelled thus to hear the groans and crazy mutterings of their dying fellow sufferers, and to witness perhaps the ill suppressed agonies of the only friend, a wife perchance or a husband, who has obtained permission to be present at this last hour. Here a priest with incense and holy water is administering "*extreme unction*," there the rude servants are closing the eyes and straightening out the limbs, scarcely waiting for the breath to cease from the lips. Such scenes as these are of daily occurrence, and who can doubt but that their influence upon the unfortunate survivors is sadly depressing, to say nothing of the effect of the noise, confusion and bad air inseparable from the presence of such numbers.

Such a charity as the "Massachusetts General Hospital" I have not yet met; I mean in point of comfort, and in excellence of internal arrangement. The hospital of "Piedigrotta" is, however, the nearest approach. The galley slaves who work in and about the arsenal, when sick or injured, are sent here also.

A few rods from my door, fronting also upon the bay, is the Royal Hospital for the Blind, established in 1818, chiefly through the exertions of Senore Quadri.

Naples has also a large number of hospices, the principal of which is the "Seraglio," or "Albergo dei Poveri," situated without the city on the broad and beautiful road which leads to modern Capua. This is an establishment which deserves notice. The building is yet incomplete, it being proposed that the facade of each of its four sides shall be 1600 feet, and the whole sufficiently large to accommodate 10,000 persons. At present the principal front is over 1000 feet in length, four stories high, and built of stone. Within are three large courts (when complete there will be five), the entrance is through a beautiful portico, with three arches; the centre arch opening into the church; one of the side arches leading to the apartments of the females, and the other to that of the males. About 5550 persons, including orphans, are now sheltered, fed, clothed and *instructed*, in this establishment. The females are taught to sew, knit, work coral, weave linen fabrics, and spin with the distaff. The males are taught various mechanical arts; also to read, write, compute, draw, engrave, &c. &c. A small number are sent regularly to the hospitals and the University, to receive instruction as "*surgeons*." (Not physicians—to introduce paupers into the fraternity of physicians might



offend ; but surgeons rank here, as in Palermo, with perruquiers and barbers !) A certain proportion are also educated for the priesthood ; but by far the largest number are trained for the army, the whole of the able-bodied male lads being subjected to a regular military discipline and drill. The same rule with regard to the girls obtains here as in the A. d. Poveri at Genoa ; if they marry out of the house, they receive 30 ducats, equal to \$24 : which to us might seem a pitiful sum, but to a Neapolitan beggar it is enough for food, lodging and raiment, such as they usually get, for a year. One third of all the labor of the inmates belongs to themselves, and the balance to the government, which last amount, together with the income from the property belonging to the house, furnishes a revenue of 200,000 ducats, to which also the government is pledged to add annually 40,000 ducats.

When this building is completed, it will be the largest hospital in the world, and will probably contain the largest number of paupers, for if it was five times as large it could be filled, and the ranks of the paupers not be sensibly thinned in the kingdom of Naples. The inmates being drawn, not from the city of Naples only, but, as the inscription over the main entrance implies, from the whole kingdom. But it is very much to be doubted whether, with such a crowded population, however perfect their means of ventilation, the air can be kept sufficiently pure for health, and whether, if any contagious or highly pestilential disease should gain admission, it would not become at once a vast lazaret house, which it would be dreadful even to approach.

Adjoining the hospital, towards the city, is a large and flourishing botanic garden, handsomely laid out in squares, and adorned with fountains. At present it is under the direction of Signore Michael Tenore, author of the "*Flora Neapolitana*," and a botanist of high rank. It is open to the public daily, and at this season of the year it is a pleasant and fashionable promenade.—*Buffalo Medical Journal*.

#### CASE OF POLYPUS, WITH ALARMING HEMORRHAGE FROM THE BOWELS.

By Dr. M. H. Fee, of Leatherwood, Indiana.

On the 13th of last September, I was hastily summoned to visit C. M., daughter of C. A. B., æt. 10 years. On my arrival I learned of Mrs. B. that an hour before, the little girl had a bloody discharge from her bowels, amounting, according to her estimate, to something more than a quart. There was also discharged at the same time, what I considered from description, to be a polypus, said by the parents to be somewhat larger than a partridge egg, of oval form, studded over the outer surface with hemispherical prominences, filled with a sero-purulent fluid, the peduncle being about the size of a large goose quill. It was left on the ground where it was examined, and before my visit had been swallowed by the poultry. I found the little patient much prostrated, with pulse scarcely perceptible, cold extremities, a sense of stricture at the præ-

cordia, and distressing nausea. I directed warmth to be applied to the feet, while I prepared and administered the following mixture:—Tinct. opii, gtt. xx.; spts. ammon., gtt. x.; acet. plumb., gr. jss.

In a short time after the administration of the draught, there was decided relief of the præcordial distress, as well as of the nausea, and the coldness of the extremities; and in about half an hour she had another bloody discharge, entirely different from the former; this being mostly clots of grumous blood, while in the former the blood was perfectly liquid. The last discharge amounted to about three gills. In an hour and a half after the administration of the draught, I repeated the remedy in half the dose.

Returning a few hours afterwards, I found my patient suffering with acute pain in the head, which was aggravated by the least jar or noise, her face flushed, and eyes injected. At first sight I feared lest I had carried stimulation too far; after feeling the pulse I became satisfied that this was not the case, but that the symptoms arose from loss of blood. In accordance with this view of the case, I mixed twenty drops of the spirits of ammonia, with four tablespoonfuls of water, and gave a tablespoonful every fifteen minutes until three doses were given, when her head became easy, and she fell into a gentle slumber. I left some laudanum and acetate of lead to be given in case the hemorrhage should return.

14th.—Found my patient laboring under some excitement, and headache, from a chill which she had at 9 o'clock this morning. The fever was soon reduced by spts. nitre, and her head relieved by cold applications. Ordered castor oil,  $\mathfrak{z}$  ss.; oil of turpentine, gtt. xv., to be taken immediately. Had had one small grumous discharge during the night. Discontinued the saturnine preparation, and the opiates.

15th.—Found my patient in a strong rigor. It was now clear that this was a regular intermittent of the quotidian type. Ordered a solution of sixteen grains of quinine in two ounces of water, of which two teaspoonfuls to be taken every two hours, after the decline of the slight febrile excitement; also castor oil,  $\mathfrak{z}$  ss., and oil of turpentine, gtt. xx., to be taken this afternoon. The oil and turpentine of yesterday had produced two alvine dejections, seculent, and free from every trace of blood.

16th.—Found my patient greatly improved; no chill; two seculent discharges; had been up, and walked from the bed to the fire-place without assistance. Ordered quinine to be continued in small doses hourly, for a few days, with wine, and generous diet; bowels to be moved by castor oil and spirits turpentine in the afternoon.

17th.—This morning made my last visit to my patient; found her sitting up; fast improving in appearance and strength. From this time her convalescence was rapid.

This little girl had been for several years of a sickly appearance, sallow complexion, with constant præcordial distress, and weak digestive powers. She was thought to be troubled with worms.

I had been frequently called to see her, and had invariably prescribed for the verminose symptoms, but without at any time effecting any con-

siderable discharge of worms, the symptoms persisting, though with abated severity. She even became paralytic at times; and frequently quite unconscious, as if sitting up asleep, and in that posture showed no tendency to fall. In a word, the case exhibited, at times, all the characteristic marks of catalepsy. Suspecting that tape-worm might be the cause of the evil, I had taken steps to procure remedies for it when the discharge of blood and of the polypus came on, and changed my diagnosis of the affection. It may still be a question whether this polypus, so inconsiderable in size, was capable of producing so much constitutional disturbance, and especially so serious a derangement of the nervous system. I am free, however, to say, that notwithstanding the apparent inadequacy of the cause, it was, to my mind, the sole cause of the complaint. In proof of the correctness of this opinion, we have the fact that the girl has regained her health perfectly since the polypus passed away, and is now free from all symptoms of disease.—*Western Journal of Medicine and Surgery.*

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#### LUXATION OF THE ANKLE JOINT WITH FRACTURE OF THE FIBULA.

By John Douglass, M.D.

AN examination of the structure of the ankle joint, shows the wonderful manner in which nature has protected it from dislocation. Strongly attached as the bones of articulation are by ligamentous connection, and by the relative position of the parts, luxation, however, is comparatively, to the strength of the joint, a frequent occurrence and always a dangerous accident. From the articulation of the fibula with the astragalus, dislocation outward or inward is always attended with either fracture of that bone near the joint or its entire separation from the astragalus. If from the nature of the distortion, the astragalus is displaced, even slightly, the probability is that the latter injury will ensue; but as a general rule, fracture of the fibula attends luxation outwards and inwards. When fracture near the joint takes place, there is always danger, of at least partial ankylosis, to be apprehended from the ossific matter collecting around and uniting the articulation. In addition to this, the ligaments may be torn and lacerated to such an extent, that subsequent mobility may be entirely prevented. There may be extensive bruising of the adjacent soft parts, rendering the nature of the accident much more serious and complicated. Important as cases of this description may be, there is another, far more alarming in its appearance, and more dangerous in its consequences. This is compound dislocation of the ankle joint. In a case of this description, we have not only the dangers above mentioned to dread, but likewise a new series of great and immediate importance. It frequently happens, that the extremities of the bones are thrust through the surrounding integuments, and are splintered or broken by coming in contact with a hard substance; important nerves may be injured; the bloodvessels being ruptured, there is nothing to obviate profuse hemorrhage; from the ragged state of the skin, it sometimes occurs that the



bones cannot be protected from exposure to the air, and caries may consequently ensue. We learn from high authority, that no general rule of treatment is applicable to cases of this character, but that probable success of *this* or *that* procedure rests entirely with the discrimination of the surgeon. In extreme circumstances, it is advised by some to amputate without a moment's delay. But I presume, this resort is only justifiable, when there is not even a possibility of a successful termination, without removing the limb. In my opinion, a case which fell under my observation and attention some time since, warrants the conclusion, that no matter how unfavorable an aspect the injury may at first assume, provided the patient is young, temperate and in good health, and if there is reason to believe that the member can prove serviceable in locomotion, if suffered to remain, amputation should not be performed, until we are perfectly satisfied that the life of the patient is actually endangered by procrastinating the "*dernier ressort*." The case alluded to is as follows:

On the 7th of April, 1844, A. Strain, Esq., ætat. about 27, in excellent health, and of a robust constitution, while riding horseback, was thrown violently on the ground, the horse rearing and falling upon his right leg. His foot was forced inwards with great force, and compound dislocation of the head of the tibia from the astragalus outwards, with fracture of the fibula, was the consequence. I saw him a few moments afterwards, and found the parts in the following condition:—A lacerated and contused wound, produced by the sudden escape of the head of the tibia, extended from the superior part of the ankle about midway between the internal and external malleoli, to the tendo-achillis. The extremities of the bones protruded several inches through the wound. The hemorrhage was considerable, for a short time, but retraction of the arteries soon checked it. By a close examination, the great extent of the injury became obvious. The soft parts were greatly bruised, the deltoid and other ligaments completely torn to pieces. The foot seemed to be suspended by the narrow strip of skin that was uninjured. Having determined to save the foot, if possible, I immediately reduced the dislocation. Some hours afterwards, I applied a paste-board apparatus, adapted to the nature of the case, and brought the lips of the wound as closely together as I could with strips of adhesive plaster. Opiates were freely administered, and emetics occasionally given. The patient suffered intense pain, but otherwise did well for a few days, having had but slight fever. At the first dressing, the parts looked healthy and continued to improve, until the first of May, when the patient was attacked with a tertian intermittent. The wound had heretofore suppurated freely, but now assumed a rather unfavorable appearance. At this period, I feared the necessity of amputation, but by the use of evaporating lotions, mild purgatives, and antiphlogistic regimen, and a few doses of sulph. quinine, every unfavorable symptom disappeared. The patient continued to improve, till the last of June, when an œdematous swelling about the joint induced me to apply the bandage, which effectually removed it. The cure continued to progress gradually, being retarded by the irritation of small spiculæ of bone approaching the surface, and was completed in the course of a few months.

The joint is of course ankylosed, but the limb is not deformed, and locomotion but slightly impeded.—*Southern Journal of Med. and Pharmacy.*

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#### PRESERVATION OF HUMAN BODIES.

THERE is an arched vault, or burying ground, under the church of Kilsyth, in Scotland, which was the burying place of the family of Kilsyth, until the estate was forfeited, and the title become extinct, in the year 1715 ; since which it has never been used for that purpose, except once. The last earl fled with his family to Flanders, and, according to tradition, was smothered to death, about the year 1717, along with his lady and an infant child, and a number of unfortunate Scottish exiles, by the falling in of the roof of the house in which they were assembled. What became of the body of the earl is not known ; but the bodies of Lady Kilsyth and her infant were embowelled and embalmed, and soon afterwards sent over to Scotland. They were landed, and lay at Leith for some time in a cellar, whence they were afterwards carried to Kilsyth, and buried in great pomp in the vault above mentioned.

In the spring of 1796, some rude, regardless young men, having paid a visit to this ancient cemetery, tore open the coffin of Lady Kilsyth and her infant. With astonishment and consternation they saw the bodies as perfect as at the hour when they were entombed. For some weeks this circumstance was kept secret ; but at last it began to be whispered in several companies, and soon excited great and general curiosity. For several weeks they underwent no visible change, and had they not been sullied with dust and drops of grease from the candles held over them, they might have remained as entire as ever. Many months after, the bodies were as firm and compact as at first ; and though pressed with the finger, they did not yield to the touch, but seemed to retain the elasticity of the human body. Even the shroud, though torn by the hands of the regardless multitude, is still strong and free from rot. Every feature and every limb was as full. nay, the very shroud was as clear and fresh, and the colors of the ribbons as bright, as they were when lodged in the tomb. What rendered the scene more striking and truly interesting was, that the body of her son and only child, the natural heir of the title and estates of Kilsyth, lay at her knee ; his features were as composed as if he had only been asleep. His color was as fresh, and his flesh as plump and full, as in the perfect glow of health ; the smile of infancy and innocence sat on his lips ; his shroud was not only entire, but perfectly clean, without a particle of dust upon it. He seems to have been only a few months old.

Both bodies seemed to have been preserved in some liquid, nearly of the color and appearance of brandy. The whole coffin seemed to have been full of it, and all its contents saturated with it. The body had assumed somewhat the same tinge, but this only served to give it a fresher look. It had none of the ghastly, livid hue of death, but rather a copper complexion. It would have been difficult for a chemist to as-

certain the nature of this liquid, though perfectly transparent ; it had lost all its pungent qualities, its taste being quite vapid. The head was reclined on a pillow ; and as the covering decayed, it was found to contain a collection of strong-scented herbs. Balm, sage and mint were easily distinguished, and it was the opinion of many that the body was filled with the same.

Many instances of the artificial preservation of bodies might be mentioned, still more remarkable, though perhaps less interesting, than the preceding. The tomb of Edward the First, who died on the 7th of July, 1307, was opened on the 2nd of January, 1770, and after the lapse of 463 years the body was found not decayed ; the flesh on the face was a little wasted, but not putrid. The body of Canute the Dane, who got possession of England in the year 1017, was found very fresh in the year 1766, by the workmen repairing Winchester Cathedral. In the year 1522, the body of William the Conqueror was found as entire as when first buried, in the Abbey Church of Stephen, at Caen ; and the body of Matilda, his wife, was found entire in 1502, in the Abbey Church of the Holy Trinity, in the same city.

No device of art, however, for the preservation of the remains of the dead, appears equal to the simple process of plunging them over head and ears in peat moss.

In a manuscript by one Abraham Grey, who lived about the middle of the sixteenth century, now in the possession of his representative, Mr. Goodbehere Grey, of Old Mills, near Aberdeen, it is stated that, in 1569, three Roman soldiers, in the dress of their country, fully equipped with warlike instruments, were dug out of a moss of great extent, called Kazey moss. When found, after a lapse of probably fifteen hundred years, they "were quite fresh and plump !"

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#### VALUE OF CONSTANT CLINICAL OBSERVATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Since you have indulged me by inserting my communication on the subject of mania, in your excellent Journal, I propose occasionally to continue my offerings, so long as they shall meet with a like favorable reception ; giving to the medical public such cases of interest as have fallen under my management or notice, during a long and somewhat extensive practice, with the hope of adding my mite to the stock of practical information. I would premise, however, that, so far as a thorough literary and scientific education is concerned, I can set up no claims to the attention of my medical brethren, in what I have to communicate ; for, with such an education, it was not my good fortune to commence the practice of our noble art. But, as a substitute for that kind of education, I have, from the beginning, bestowed all the attention possible, at the bed-side of the sick, in noting the course of diseases, and the operation of remedial agents, so that I have been enabled to treat those diseases with a degree of success of which I see no reason to be ashamed, and,



in some instances, to put to the blush the theoretically learned ones in our profession. The inference to be drawn from this may be, that close observation, at the bed-side, affords great advantages, and should never be neglected, however extensive or profound may have been the theoretical acquirements of the practitioner.

The following case may illustrate this position. Some fifteen years ago, being in Boston as a member of the Legislature, a female child, at my boarding place, seven years old, was attacked with an irritative fever, and was placed under the care of one of the city physicians. For three weeks the disorder run on without much variation. I occasionally went into the room and looked at the patient. It did not seem to me that the treatment adopted could be so efficient as that which we are accustomed to pursue in the country, otherwise greater effect on the disorder would, by this time, be manifest. But, as I did not, up to this time, meet the attending physician in the case, I made no remarks about it. The child was now attacked with a convulsion fit, and I was called up in the night to see it, and requested to do something for its relief. I told the family that it would not be proper for me to interfere, in the absence of the attending physician, and they had better send for him. They said he could not be obtained in the night, and begged of me to prescribe something for the child's relief. I finally ordered an injection; and agreed to meet the attending physician, in consultation, on the following morning. We did meet, and I was asked what I supposed caused the fit, and what should be done for the child's relief. I gave the opinion that the fit was caused by the accumulation of viscid phlegm in the stomach, and that an emetic should be administered for its ejection. It was thought, on the other part, that the fit was caused by inflammation within one of the child's ears, and that an emetic, at all events in the debilitated state of the child, would be fatal. The emetic was not given, and the consultation here ended. In the following night the child had another fit, and I was again called up, and urged to prescribe something for it. A dose of castor oil was administered, and another consultation agreed upon in the morning. I again advised to an emetic. The other physician expressed his decided opinion that the case with the child was hopeless, under any treatment, and that, if an emetic were given, it would die in the operation. He told the family that he should do nothing more for the child; that he would leave it in my hands, and they might let me do with it what they pleased, repeating that it would die, at any rate, and very speedily if it took an emetic. He then left the house, and the child to its fate. After obtaining assurance from the family that no blame should attach to me, in case the child should die in the operation, I gave an emetic, composed of ipecac., with a little turpeth mineral. The dose was repeated in about half an hour, and again in another half hour, before any effect was produced. A small quantity of very tenacious mucus was at length thrown up, which was followed by two or three dejections from the bowels. Some perspiration on the surface appeared; the breathing, from being somewhat oppressed, became more free; and all symptoms indicated some measure of relief. Before night, a dose of ipecac. alone was given, a good opera-

tion followed, and a large quantity of extremely viscid mucus was ejected. The ipecac., in full emetic doses, was repeated daily, for several days in succession. No convulsions occurred after this course was commenced, and a gradual amendment in the child was soon manifest. It went on improving regularly, though slowly, until it was fully restored to health; yet, such was the reduced state of the child, when this process was commenced, that two weeks elapsed before it could stand alone on its feet.

The physician who first had charge of this patient, sustained the reputation of being well educated; but the many anxious days and sleepless nights, which, in the early part of my practice, were devoted to observation at the bed-side of the sick, gave me, as I apprehend, rather an advantage over his very superior theoretical education.

Bernardston, Mass., May 16, 1846.

JOHN BROOKS.

# HOMŒOPATHIC REMEDIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. Forbes, after having razed to the foundation the allœopathic structure, which he found no longer tenable, is desirous of erecting in its stead a building on determinate principles; for this purpose he wishes to collect materials that have borne the test of experience.

Having already given the fact, that a permanent cure of a costive habit to which I had long been subject, as I have reason to believe, has been the result of the use of muriate of soda in infinitesimal doses, I will offer for insertion in the Journal another fact.

About two years since, my daughter suffered from a tumor situated at the root of the molares, which bore a strong resemblance to an osteocele of a most intractable character. After administering two globules of plumbum, the pain was soon relieved and the tumefaction disappeared in a short time. Did the infinitesimal dose of plumbum produce the resolution of the tumor, and thereby prevent a formidable and painful operation, *which otherwise might have been contemplated?*

WILLIAM INGALLS, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1846.

*The late Dr. Luther Ticknor.*—An obituary notice of the late Luther Ticknor, M.D., of Salisbury, Conn., in the New York Journal of Medicine, is honorable to the heart of the editor. Dr. Ticknor was the president of the Medical Society of Connecticut at the time of his death. We copy a portion of the obituary:—

“Dr. Ticknor was born,” says Dr. Lee, his brother-in-law, “in Jeri-

cho, in the State of Vermont, March 9th, 1790. At the age of 15 he lost his father, who was accidentally killed by the falling of a tree. The oldest brother, Dr. B. Ticknor, now of the U. S. Navy, having left home, the whole charge of a family of eight persons, including six younger brothers and a sister, devolved on the subject of our notice; and, although in indigent circumstances, he kept them together and furnished them, by his own personal exertions, the means of support for the space of three years. At the end of that time the family were broken up; two of his brothers and sister he placed at school, and he himself engaged in laboring on a farm for two years longer. He then commenced the study of medicine with the late James R. Dodge, of Salisbury, Conn., and supported himself and the three other members of the family above mentioned, by teaching school a part of the year. One of these brothers was the late lamented Caleb Ticknor, M.D., of New York, whose early loss to science cannot be sufficiently deplored.

"Dr. Ticknor was endowed by nature with uncommon intellectual vigor; great energy of character; indomitable perseverance; and a courage that quailed at no obstacles, however great, or apparently insurmountable. He loved his kind with pure and disinterested affection; his benevolence of heart knew no bounds, and his life corresponded to the generous impulses of his nature; he wore himself out in serving his fellow men and doing good. It is not too much to say, that few, if any physicians, have lived in our country, who maintained in the circle in which they moved, more respect and confidence from their professional brethren, or a higher character with the public as a physician and a man.

"Dr. Ticknor was emphatically a self-made man. He had raised himself, by his sole unaided exertions, from an humble sphere of life, and he delighted in looking back and recounting the difficulties he had conquered. With his own hand, he had carved out his path to distinction and eminence, and he felt an honest pride in contemplating the ruggedness of the road along which he had travelled, and in lending a helping hand to those entering upon the same path."

"The foundation of Dr. Ticknor's death was laid in the incessant fatigue and watching to which he was exposed during the last two months of his life. For forty days and nights he scarcely enjoyed an hour's rest undisturbed by calls, and but few times during that whole period were his clothes removed for the purpose of repose and sleep. Just one week previous to his death he was attacked with a violent chill, which was the precursor of a severe attack of bilious pneumonia, of a highly congestive typhoid type, which ran its course unchecked by the means employed, and which terminated his valuable life on the evening of the 19th of April, 1846.

"It was our melancholy lot to stand by the bedside of the deceased during the last two days of his life, and witness the progress of a disease which had passed beyond the control of human art; and we shall not soon forget the perfect composure, fortitude and resignation, which he manifested in the midst of extreme suffering and distress, and the unflinching calmness with which, in the full possession of his reason, he resigned his spirit into the hands of his Creator.

"Thus passed from the earth a man, who was indeed A MAN—whose character had as few blemishes in it as may be permitted to the natural



weaknesses of humanity, if not as many excellences as our natures are capable of attaining in this imperfect state of being. It is consoling to reflect that he has left an example worthy of imitation—a reputation unsullied by a single blot—a name which will never be mentioned but with tears of gratitude and affection by thousands now living. These constitute a rich legacy which may be well treasured by his friends, and handed down as an heir-loom to posterity."

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*Diagnosis, Pathology and Treatment of Fever.*—Messrs. Lea & Blanchard, Philadelphia, have sent out an admirably-constructed volume of 600 large octavo pages, bearing the title—"Fever: their Diagnosis, Pathology and Treatment. Prepared and edited, with large additions, from the Essays on Fever in Tweedie's Library of Practical Medicine, by Meredith Clymer, M.D., Professor in the Franklin Medical College, Philadelphia, &c." Dr. Clymer's industry is clearly perceptible in this treatise, and, we doubt not, it will be well rewarded by that important class of practitioners who are ambitious in this particular department of medicine. Nothing would be less opportune than an attempt to point out the best system, or practical work on fevers. The world of learned men have but little in common, in this great field. Each one entertains a favorite theory of his own, on which a treatment is based, the very antipodes, perhaps, of his neighbor. Fevers, all the while, come and go, sweeping off vast multitudes of human beings; and though no writer hesitates to define their general character, but few seem yet to be perfectly satisfied what kind of depopulating agents they are.

Without discussing the question what gives rise to the maladies called fevers, or expressing an opinion in favor of one or another, we can with right good will recommend to those who study with a view to becoming wise in the management of remedies, to give careful heed to the teachings of our friend Dr. Clymer. He has added more than might at first be suspected—and in doing so it does not appear that his object has been to gain a distinction which he does not merit.

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*Uriscopian Practice.*—From the representations of a gentleman of respectability in Western New York, it seems that this German system, as it has been called, of ascertaining the character of a disease by the urine, is gaining upon the confidence of the people. In travelling through Ohio, some time since, we noticed large yellow handbills, in conspicuous places, notifying the world at large that practitioners were in readiness, at certain stations, to prescribe for the sick on the uriscope principle; but the idea was not soberly entertained, that it was any thing more than a revivification of the grossest farce the quacks of the last century ever practised in England or on the continent. It is evident, however, from the remarks of the intelligent writer referred to, that we were altogether in an error, and that the philosophical examination of a patient's urine is leading to very satisfactory results. The following is an extract from his letter.

"I have been in company with them (the uriscope practitioners) for the last six months, and consider the knowledge that I have gained in discriminating diseases is of the utmost importance in making out a correct

diagnosis. To say the least, it gives a good allopathic physician a very great advantage over those who have not that knowledge."

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*Hours of Labor.*—We have received from Mr. Luther, a copy of a general circular on the *ten hour* system of labor. We supposed, till this sheet appeared, that the whirlwind of noise upon that subject, had wholly subsided, and that people were permitted, as they ever have been in this country of free institutions, to be as industrious as they please. From a personal knowledge of Mr. Luther's habits and temperament, we are pretty certain that he does not follow the injunctions he is urging with much force and ingenuity upon the consideration of the working classes, as he actually works all the time. He is never at rest—no, not in sleep; for his active mind is even then, we apprehend, wearing out the body by the incessant friction of its rapid movements. Whether the law will ever express, in the statute books, the exact hours men, women and children can or shall labor, is problematical. When the legislature does take such a step it will be meddling with that which the people alone can regulate. Necessity, avarice and a sense of duty are the impelling forces to labor, and the latter cannot well be interfered with, without deranging society more than it is benefited.

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*Surgical Cutlery.*—Mr. Hunt, of this city, the ingenious manufacturer of surgical instruments, and, in fact, all kinds of elegant cutlery, has gone to Washington with a case of his specimen work. It is very certain that no artists in Europe can excel him in sharpening or tempering steel. Were the Government to give its patronage to our own artizans, especially by furnishing the army and naval surgeons with home-made instruments, which might be done on economical terms, to say nothing of national pride or patriotism, which might be permitted to have some influence, it would show our independence in that branch of industry, in a prominent manner. The nicest class of surgical instruments, if nothing else, have been supposed necessarily to come from England; but those who may examine Mr. Hunt's beautifully finished knives, saws, needles, keys, hooks, scissors, lancets, forceps, &c., of all kinds and conceivable patterns, to be exhibited at the fair in Washington, will acknowledge his skill and the complete independence of the profession, in this respect, of all foreign fabrications.

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*Caledonia Springs.*—Such is the reputation of the Caledonia mineral waters, that it is quite needless to repeat the analyses which were published in the Journal last season. The distance from Montreal is not great, the route is delightful, and the accommodations at the Springs are said to be excellent, all the appliances for passing time agreeably being concentrated at the hotels of the place. The famous intermitting spring, once considered as lost, has finally been recovered. Dr. Sterling, an eminent professional gentleman, has been secured by the proprietors, to reside on the spot for the benefit of invalid visitors.

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*Missionary Medical Practice, Western Africa.*—Geo. A. Perkins, M.D., whom we have the pleasure of knowing personally—a man admirably

fitted, by the constitution of his mind and a proper educational training, for the important station he now fills—who sailed from Boston about a year since, as nearly as can be recollected, writes from Cavallo, Western Africa, January 21st, that he had been at a temporary residence, called Taboo, till a dwelling could be prepared at Rockbookah. He has been devotedly engaged in practice among the natives, and they were delighted to receive medical assistance. While he remained at Taboo, which appears to have been only a short time, he had upwards of three hundred cases of every variety of disease, under treatment; many of them, however, incurable. While his house was building, Dr. Perkins was obliged to go frequently to Rockbookah, but his wife acted as dispensary physician in her husband's absence. Besides much other professional business at Taboo, Dr. Perkins has amputated three times. Two of the patients had perfectly recovered when he wrote, and the last was doing well. Surely this is the true method of introducing the blessings of an enlightened christianity to the heathen. Administer first to their physical infirmities, as the surest way of introducing the means of elevating their intellectual and moral powers. Physicians have thus far, in all missionary efforts, in savage and barbarous countries, been found the true pioneers, Where they have opened the road, the missionary can follow without hesitation.

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*Ophthalmic Professorship in Castleton Medical College.*—Dr. Samuel M. Elliot has been appointed to the professorship of Ophthalmic Medicine and Surgery in the Castleton Medical College. We understand that Dr. E. intends giving an extended course of lectures on this branch of medicine, in which he has already earned so great a reputation.

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*The Transylvania Medical School.*—In the last No. of the Western Lancet, published at Lexington, Ky., complaint is made of the recent insertion, in this Journal, of a communication from E. Tennessee, respecting the appointment of Dr. Annan to a professorship in the Transylvania School. The only ground of any such complaint, it appears to us, is that the communication was anonymous; and this fact cannot justly be charged as an offence on our part, when it is stated that the name of the writer—a respectable physician—was known to us, and that otherwise the paper would not have been published. Permission was given us to publish his name at the time, though the writer preferred to be anonymous, and it is presumed he would have no objection to its being given to any who may hereafter desire it. As to the subject upon which he wrote, without expressing any opinion in regard to the view he has taken of it, we must say that we can perceive nothing in its general nature, or the particular circumstances attending it, which prevents it from being a proper one for fair discussion in a Medical Journal.

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*The Credit System in Medical Schools.*—We are fully satisfied that an influence extremely detrimental to the profession, has grown out of the custom of granting credit in medical schools. The object in adopting this course is, to secure a large class, perhaps for the purpose of out-



numbering a rival school; and the consequence is, that all who present themselves, wholly irrespective of merit or qualifications, are duly enrolled as medical students, and their names go out to the world swelling the catalogue of some highly flourishing school. The success of such pupils, operates as an incentive to others to engage in the study, seeing that it is so cheap; and many an one who either has no occupation, or who may be too indolent to follow a mechanical pursuit, forthwith doffs his humbler business, and unites in swelling the *Æsculapian* throng. In this way the profession becomes thronged with practitioners, of every grade; and all parties, even those favored with the gratuity, are ultimately injured. It is true, some meritorious men will be found unable to pay; but there can be no doubt, that the indiscriminate admission of pupils into medical schools, is not only an act of injustice to those who do pay, but also tends directly to degrade the profession. We are gratified, therefore, to state, that the Transylvania Medical School has determined, by formal resolution, to abolish, *entirely*, the credit system; and these resolutions will be strictly adhered to. We hope all other schools will manifest a regard for the interests of the profession, and follow an example worthy of imitation—*Western Lancet*.

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*Treatment of Quackery in France.*—Jean Canard was brought before the Correctional Police, charged with the sale of secret remedies, the composition of which is not indicated in the codex. He pleaded that these medicines, which were composed of a powder, were *given* by him for the relief of the unfortunate. It was, however, proved that he had demanded from some persons whom he had supplied with this vegetable powder, thirty, fifty, one hundred, and even two hundred francs. He was condemned in a fine of six hundred francs, and further sentenced, as being a former offender, to ten days' imprisonment. A herbist, named Repiquel, at the barrier of Fontainebleau, accused of illegally practising medicine and pharmacy, was fined fifteen francs for his practice of medicine, and five hundred francs for the sale of pharmaceutical preparations. Charles Drouhin, herbist, living in the Rue des Tournelles, was fined five hundred francs for illegally practising pharmacy. Denis de Saint Pierre was fined five hundred francs for the sale of secret remedies and pharmaceutical preparations.—*Provincial Journal*.

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*Society for the Relief of Widows and Orphans of Medical Men in London and its Vicinity.*—It gives us pleasure to be able to copy from the London Lancet the following gratifying account of a most praiseworthy association. We hope to see the time when the formation of a similar charity among us can be chronicled in our pages:—

“A half-yearly general court of this Society was held on Wednesday, the first of April, at the Gray's-inn Coffee-house, Holborn. Martin Ware, Esq., Vice President, in the chair.

“On reading the minutes, it appeared that two very gratifying benefactions had lately been received. One of them was a legacy, announced by T. A. Stone, Esq., of fifty pounds, bequeathed by the widow of the late Matthew Baillie, M.D., formerly president of this Society. Through the liberality of William Hunter Baillie, Esq., son and sole executor of the testatrix, this sum had been received free of legacy duty. The other was

a donation, presented through Sir B. C. Brodie, Bart., of fifty guineas, from Lord Denman. His Lordship, it will be remembered, is the son of the late Thomas Denman, M.D, who was one of the original founders of the Society.

"At the recommendation of the Court of Directors, it was unanimously resolved that William Hunter Baillie, Esq., be elected an Honorary Member, and that Lord Denman be invited to become a Vice-patron of the Society.

"The annual dinner of the Society is to take place next Saturday, the 18th inst., at the Freemason's Tavern; and the Chairman of the Steward's Committee, Mr. Probert, drew attention to the great importance of notice being given by those who intend to be present. The arrangements have been made in the best possible manner, and a full attendance of the members and their friends is expected."

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*Tincture of Iodine in the Treatment of Porriigo.*—Dr. F. W. Todd, of Port Gibson, Miss., informs us that he has found the *tincture of iodine*, employed locally, "invaluable in the treatment of that obstinate disease, porriigo." He has used it in all forms of the disease whether mild or severe, and in no instance has it failed to effect a cure. In the more active forms, poultices and fomentations preceded the application of the iodine.—*West. Medical Journal*.

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*Fossil Bones.*—We learn by a small pamphlet issued by Isaac Castleberry, M.D., that some huge fossil bones have recently been found near Evansville, Ia. The remains were found in an alluvion deposit, having been washed out by the action of the river. Dr. Castleberry is of opinion that they belong to the *Dinotherium Magnum*.—*Western Lancet*.

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*Medical Miscellany.*—The body of Dr. Houghton, State Geologist of Michigan, who was drowned in Lake Superior last autumn, has been found about six miles from where the fatal accident occurred, and was interred at Detroit on the 15th of May.—The cholera is said to have finally reached Russia, from Persia. The alarm in Germany for fear of the introduction of that fearful disease, is very great.—Prof Farraday has been lecturing of late on the newly-invented instrument for measuring time by means of electro-magnetism.—Four young Egyptians are pursuing medical studies at the hospital, and schools of Paris.—Dr. Douglass, an eminent surgeon at Quebec, has suffered exceedingly by the absorption of animal poison through a wounded finger, in performing an operation. He is now nearly well.

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DIED.—At Rochester, N. Y., Dr. Orin E. Gibbs.

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*Report of Deaths in Boston*—for the week ending May 23d, 62.—Males, 36, females, 26. Stillborn, 2. Of consumption, 15—measles, 11—disease of the heart, 2—lung fever, 2—typhus fever, 2—rheumatism, 1—scarlet fever, 3—bilious fever, 1—croup, 1—dysentery, 1—small-pox, 2—infantile, 3—inflammation of the bowels, 1—brain fever, 2—disease of the spine, 1—dropsy of the brain, 1—convulsions, 3—old age, 1—throat distemper, 1—tumor, 1—debility, 2—hooping cough, 2—apoplexy, 1—accidental, 1—scrofula, 1.

Under 5 years, 23—between 5 and 20 years, 13—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 7.

*Midwifery in New Orleans.*—Probably no town in the United States of equal population presents so much bad midwifery as New Orleans. Here, unlike other places, the evil of mal-practice falls not on the poor alone, but also on the rich, who often employ negresses that happen to be lucky. The late Judge Waggaman, formerly of the United States Senate, informed me, that some years since an old, drunken negress, who was a midwife on his plantation, being called to a young black woman in her first labor, took a sharp case-knife, and performed the Cæsarean section, taking out a living child! The mother recovered soon, and had no inconvenience of a permanent kind, excepting a slight incontinence of urine. If this lucky negress had performed this operation for a rational end, obstetrical surgeons might have trembled for their laurels, since, according to Merryman and Blundell, it has been performed only twenty-six times in the British Isles, and has proved fatal to the mothers with but two exceptions.

Nearly all the white midwives of New Orleans are from foreign countries, and, with a very few exceptions, uneducated in their profession; and, as the law is becoming a dead letter, so far as medical practice is concerned, the number is augmenting rapidly. The law has done everything necessary to correct the evils of quackery; it requires, in all branches of medicine, and in both sexes, education, examination, and license. The Faculty, or the Medical Board, or both, are to be blamed. It is hoped that they may yet be galvanized into life, before all is lost.

"Midwives in France," says Dr. Stewart, "after two years' study at the School of Delivery, and submitting to two satisfactory examinations, receive a diploma to practise, always, however, under certain restrictions, one of which is, that in no case, and under no circumstances whatever, shall they resort to delivery with instruments without the attendance of a physician. They amount, in all France, to the number of 450, and practise almost exclusively among the lower classes of the community." (Hospit. Paris, 1843.) This number, divided into the whole population, will give an average of one midwife to every 75,000 inhabitants; while New Orleans has, probably, one for every thousand—nineteen in twenty of whom, it is supposed, could not give an account of the bones of the pelvis, or its diameters; of the womb, or its annexæ; to say nothing of the general mechanism of parturition. In one respect the negresses are more safe than a vast majority of the German and Irish midwives—they will condescend to consult with doctors when difficulties arise, &c.—DR. DOWLER, in *New York Journal of Medicine*.

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*Non-payment of Medical Witnesses in Police Courts.*—The case of two parties accused of rape, brought before Mr. Greenwood, at Clerkenwell Police Court, lately, having been adjourned for the purpose of obtaining medical evidence which negated the capital charge, the magistrate observed to the medical man "he was sorry that, owing to the wording of the act of parliament, he was unable to award him any remuneration for his professional services. Had the medical gentleman gone a little further in his evidence, it would come within the charge of felony, and he could then have awarded him compensation." This was a very unfortunate state of the law, for it held out inducements to an unprincipled medical man to strain his evidence. This law ought certainly to be altered, for if medical testimony is to be paid for, it ought to be so in all cases where justice required it.—*London Lancet*.



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POST-MORTEM EXAMINATIONS INTENDED FOR LEGAL PURPOSES.

By H. Letherby, M.B., Lecturer on Chemistry at the Med. School of the London Hospital.

A VERY slight acquaintance with the practice of our criminal courts is sufficient to point out this very prominent fact, that of all classes of persons who may be called upon to give evidence, medical men generally cut the worst figure. They are so undecided in their manner; have always omitted so many important points of the inquiry; are accustomed to rely so thoroughly on the opinions of others; and, in short, give their testimony with so much qualification and confusion, that they are looked upon as a prominent and an easy mark for the very worst advocates. Now, the secret of all this appears to lay in one or other of three great deficiencies, as—1st, a want of a good medical knowledge; 2nd, a want of method or system in conducting the inquiry; or, 3rd, a want of caution in forming an opinion, and of steadiness in asserting it. Omitting the first of these, which is, unfortunately, a far too frequent cause, but which cannot be discussed here, then the second assumes the greater importance, for it is out of this want of method that the third is sure to flow; it begets incaution and uncertainty in the manner of the witness, and is suggestive of all the subtlety and misconstruction with which the case is sure to be surrounded; and if it does not beget, it will favor the development of the other bad but plausible elements of jurisprudence.

I have more than once seen a good and a clear evidence broken into pieces, and made altogether worthless, because the observance of some little point, remote enough in the inquiry, had been omitted. Let me take an instance:—A man dies suddenly, and circumstances seem to show that he had been poisoned; the medical attendant does not entertain a doubt upon the question; he had, in fact, made up his mind before the body was looked at, and, to his thinking, there was no necessity for examining the head, or the spinal cord, or even the heart, beyond taking a glance at its position. When, therefore, he gets to be questioned in the witness box, he is compelled to admit that he does not know anything about the state of the nervous centres, and is quite unable to say whether the coronary arteries were normal; whether the valves of the heart were healthy; whether there was any communication between its right and left sides; and he is, in fact, altogether unprepared to negative a supposition, that death might have been occasioned by any one of half-a-dozen natural causes which the sophistry of an advocate could

easily invent, and as easily give probability to ; and then comes the consequence—that his evidence, though good in the main, and absolutely correct in its import, is, nevertheless, set down as nought, and he himself abused and grievously discredited.

Now this is not an imaginary or an overdrawn instance ; for the daily and almost hourly practice of our courts is giving the reality to similar ones ; and we may learn from them a world of profitable experience—as, not to be guided by premature opinion, nor to take anything for granted, and, above all, to observe a method in conducting our inquiries.

Again, the law of evidence imposes upon every medical man the necessity of conducting his operations in such a manner as will enable him to take cognizance of every fact connected with the inquiry ; and these, moreover, should be recorded in exactly the order in which they occur. In this manner, he will possess himself of all the information relating to the case ; he will be able to meet the sophistry of an opposing counsel—to give his testimony clearly and distinctly—and to say with much confidence what has, or what has not, been the immediate cause of death.

A little attention to duties of this kind has led me to think, that almost every medico-legal inquiry may be profitably conducted, if it be followed out somewhat after this manner :—

1. Record the name, age and sex of the deceased.
2. Note the day and the time at which the examination is made, and set down the period which has intervened since death.
3. Direct attention, as early as possible, to surrounding circumstances, as to whether there is any weapon or trace of blood near, any cup or bottle likely to have contained a poison, or any evidence whatever in the position of things about the body to indicate a struggle or the cause of death.
4. Observe the position of the body. Is it in bed or on the ground ; and how does it lie ?—or is it suspended ?—and so on.
5. Is the body naked ?—or are the clothes on ?—and are these disturbed or torn ?
6. Notice the position of the limbs. Are they or the fingers bent, as if convulsions had preceded death ? Open the hands and search for anything which may have been torn from an opponent during the death struggle.
7. Observe the appearance of the countenance, as regards its color and expression. Are the eyes open or prominent ? What is the state of the conjunctiva and pupil ? Is the mouth open, or is there any foam about it ? Does the tongue protrude, or is it bitten ? Smell the mouth, and notice the color of the gums.

Connected with this part of the inquiry it may be said that the countenance will often give an important indication of the cause of death, and of some of the circumstances which immediately preceded it. Thus, as regards its color, it is mostly livid after apoplexy and death from hanging or strangulation, and pale from hydrocyanic acid, the mineral acids, and the alkalies, as well as from most of the vegetable poisons, from blows upon the epigastrium, or injury to some vital organ. On the other

hand, it may be either pale or red after poisoning by carbonic acid, alcohol, or opium, and some other poisons.

The expression of the face, too, is generally convulsive when there has been much struggle immediately before death, as during hanging, drowning, or poisoning by prussic acid, strychnia, and nux vomica; and it is often convulsed in cases of death accompanied by great hæmorrhage. On the contrary, there is more frequently a calmness in the expression after death from apoplexy, opium, carbonic acid, &c.; while the features are pinched, and there is an anxiety in the look, after the action of the metallic and most vegetable poisons.

The eye, also, is generally open, prominent and glazed, after the effects of hydrocyanic acid, and prominent and injected after death from apoplexy and strangulation. Some authors, moreover, have described a suffused or even ecchymosed condition of the conjunctiva after death from arsenic.

The foam about the mouth is very characteristic of prussic acid, while the bitten tongue would indicate a great struggle or convulsive action immediately before death.

The gums put on a blue appearance after poisoning by lead; and the red or spongy gum, or even an ulcerative condition of the mouth, is often indicative of the action of mercury. It must be remembered, however, that the same appearances, together with extreme salivation, have been produced by other substances, as iodide of potassium, colchicum, fox-glove, croton oil, and some other metallic and vegetable substances.

8. Proceed to remove all clothes from the body, and observe if there has been any evacuation just before death, either from the stomach, rectum or bladder, or if there has been an emission of seminal fluid. All of these appearances indicate convulsive action, and the latter, which is the common accompaniment of death from hanging, points to an irritation of the upper part of the spinal cord, and may serve to establish the fact of suspension before death, supposing that an opposite question were to arise.

9. Note the appearance of the body, whether deceased was fat or thin. Observe the color of the skin, whether it is livid in any part, or if it presents any marks of violence, and if putrefaction has commenced. The color of the skin is exceedingly pale when there has been much hæmorrhage before death, or after starvation, &c., and it acquires a yellow tint after poisoning by lead and copper; it is often ecchymosed or covered with purple petechiæ after arsenic, and some wasting diseases. The dependent parts are generally very livid soon after death by hydrocyanic and carbonic acids; and when there is any mark of violence, this should be accurately described, considering by what means it was likely to have been occasioned; whether it could have happened by accident, by the hand of deceased, or by that of another person. In examining wounds about the throat, it is of great importance to notice on which side of the neck the wound is deepest, for this may indicate where the cut was commenced, and whether it was made from right to left, or from left to right: dissect them, also, to learn what parts have been involved in the division. If there is any mark of a cord around the neck, observe



where the knot pressed, or where the cord was crossed; for one person would, in all probability, strangle another by crossing it behind, while in a case of self-murder it would, most likely, be crossed in front.

Lastly, it is of great consequence to know whether the wounds or bruises were produced before or after death, and although this cannot always be confidently stated, yet there are circumstances which will often furnish very important indication—as the absence or presence of coagula in the wound, or of ecchymoses around it, or of infiltration of blood, fibrin or serum, into the surrounding tissue; and I have noticed that most *post-mortem* wounds soon dry and discolor upon the edges, acquiring a brownish, parchment-like appearance.

With respect to the evidence furnished by putrefaction, I shall have occasion to refer to this more particularly under the next head; but it may here be stated that most poisoned and plethoric bodies putrefy quickly, and especially those of persons who have died soon after a full meal; while, in the reverse cases, and after poisoning by arsenic, there is generally a delay in this process.

11. Can any opinion be formed as to the time which has elapsed since death took place?

This is often a very important question, and may involve an answer having a certain day, or even hour, for its limit. We shall find, however, that the *post-mortem* signs are not by any means so constant in their occurrence, or so conclusive in their import, as to warrant us in making, on all occasions, such a positive reply. Our evidence upon the subject may be collected somewhat after the following manner:—

(a) Is there any warmth in the body?

I have not been able to get together very many facts connected with this as a sign, and my observations have been made chiefly upon subjects removed directly after death from the wards of a hospital into a dead-house, the temperature of which was about 50° Fahrenheit. I have found that adults cooled pretty constantly after this manner:—the extremities lost their heat very rapidly, sinking to the temperature of the room in less than three hours, while the surface of the trunk has felt warm, even up to the twenty-fourth hour; and at this time a thermometer, placed either in the axilla or rectum, has generally stood at somewhat above 70 Fahrenheit. In fact, these parts have hardly ever lost the whole of their heat until after the lapse of thirty-six, or sometimes forty-eight hours.

There are many circumstances, however, which may modify this order of things, as, for instance, the body would have cooled faster had it been exposed to a current of cold air, or had it been immersed in cold water; also children and very thin subjects will cool sooner than adults, or corpulent ones. Again, when the body has remained in bed, or been well clothed and surrounded by bad conductors, the temperature is retained for a somewhat longer time.

(b.) Has the rigor mortis set in?

It most commonly happens that the limbs begin to stiffen in about two or three hours after death, and the rigor is generally firm and complete

after the lapse of seven or eight hours. To this, however, there are occasional exceptions, as, for example, it is nearly always accelerated when the fatal event has been sudden, and when, immediately before death, there has been violent convulsive action, or a prolonged muscular exertion. In such cases the living spasm appears to pass at once into the dead rigor. Look, for instance, at the suicide, who is often found with the weapon firm in his grasp; and so with the murdered and the drowned, who frequently retain their hold of objects which had been clutched during the death struggle. Cases, on the contrary, will now and then occur, in which the rigor mortis appears to have been delayed for a very considerable period. Such, however, is rarely the sequence of sudden death, but it is, as far as my experience goes, indicative of some inflammatory action immediately before death. It has also been said that there is no cadaveric rigidity when life has been destroyed by lightning or by electricity; but I am not disposed to put faith in this assertion, for experiments on animals seem to show that a fatal shock will throw them at once into a state of extreme rigidity, out of which they will pass in an unusually short time.

(c.) What is the condition of the cornea?

In general the cornea becomes slightly clouded after the lapse of nine or ten hours. In about sixteen this condition is still more evident; it then gets somewhat lax, is easily indented on pressure, and when this is made upon the side of the eyeball, the cornea becomes still more opaque. In about twenty-four hours it commonly acquires perceptibly greater laxity, and in forty-eight it may become quite flat, and so opaque, that the pupil can hardly be defined through it.

(d.) Has putrefaction commenced?

This is rather an inconstant event, and is liable to be interfered with by many modifying circumstances, such as the temperature of the room, the time of the year, the condition of the body, the cause of death, and whether it occurred soon after a meal or not, and so on. Nevertheless, we must attempt to set down something like an order for the time and succession of its several steps. In about eight or ten hours after death, the surface of the body, especially over the chest, and on the inside of the arms and thighs, puts on a marbled appearance, due to a turgescence of the superficial veins. In about sixteen hours, the dependent parts become livid or reddish-purple, and after the lapse of twenty-four hours this lividity is generally very marked, and the marbling on the chest and arms begins to acquire a purplish tint. About the second day it assumes a brownish hue, and at this time the abdomen and groin show more evident marks of the putrefactive process, by acquiring a green color. From this period it advances with more or less rapidity, according to attendant circumstances. In five or six days, the entire surface is ordinarily very green, and the venous marbling still strongly marked. About this time, in warm weather, the epidermis begins to loosen, and the fluids acquire great liquidity and gravitate to the dependent parts, through which they readily escape; beyond this, the track of decomposition can scarcely be followed with any certainty.

While we are occupied in discussing the question which refers to the time of death, it may not be altogether out of place to refer to those evidences which prove that death has actually taken place, for there are several morbid agents which have the power of producing a state exactly simulating death, and it will devolve on the medical man to pronounce whether that state is apparent or real. The records of this country, but more especially those of France, where the burials are more hastily hurried over, show that numbers are annually consigned to a premature grave.

12. What therefore are the evidences which show that death has really taken place?

(a.) An absence of cardiac pulsation, and of the respiratory movements.

(b.) A loss of sensibility in the excito-motory system, as when the eyelids cease to wink on being touched, or the limbs and muscles to move on being pinched or pricked; one of the most powerful agents as a test of this function is galvanism, and I have found that the muscles lose their faculty of contracting under its influence in about three hours after death. Nystrer has given results which appear to indicate a much longer persistence of this last act of vitality; but as far as my experiments have gone, I am led to think that three hours is about the mean time of its duration.

(c.) The appearance of the rigor mortis, which generally sets in after about two or three hours.

(d.) The loss of temperature in the body.

(e.) The opacity or cloudiness of the cornea.

(f.) The lividity of the dependent parts, and the mottling on the arms and chest.

(g.) The setting in of putrefaction.

Of all these signs of death, the second merits the greatest consideration, because of the certainty of its import, and of the early period at which it generally manifests itself.

13. Examine the head, and note if there is any bruise on the scalp; does the latter bleed freely as if its vessels had been congested?

14. Are the membranes of the brain natural, and is there any fluid upon or beneath the dura mater; note its quality and quantity; and when there is any blood, observe if it is coagulated or not. Are the vessels on the surface of the brain gorged or not; and is the blood liquid or dark?

All the considerations which arise from these inquiries will be well enough understood, but it is to be remembered that apoplexy, and, according to Dr. Conolly, epilepsy complicated with mania, will nearly always produce an extreme congestion of the vessels of the brain, and even, in some instances, effusion of blood between the dura mater and arachnoid.

15. Remove the brain, and examine it by making a series of thin horizontal slices, until it reaches quite to the base; observe if there has been any softening, or are there any bloody points indicative of congestion;



has any blood or serum been effused into its substance, or into the ventricles; and what is the condition of the choroid plexus.

If the brain has not been examined in this careful manner, difficulties may arise in after stages of the inquiry, for no person can pretend to say whether it was diseased or not.

16. Examine the calvarium and the base of the skull for any fracture.  
—*London Lancet*.

## HEMORRHAGE FROM THE LIVER.

By Edward G. Ludlow, M.D., New York.

A GENTLEMAN aged 58, of delicate frame, was taken ill on the 21st December last. He complained of great exhaustion, with pain in the right shoulder; his pulse was 65, and feeble; his tongue slightly coated, but moist; he was ordered pill hydrg. at night, to be followed in the morning by eccoprotic mixture, with small doses of vin. tinct. colchici. Under this treatment his general symptoms improved. On the morning of the 3d January I saw him at 11 o'clock; he was reading the morning paper, and expressed himself better. At 1 o'clock I was sent for in great haste, and found him, on my arrival, cold and pulseless, complaining of agonizing pain in the abdomen, which was much alleviated by means of hot brandy and water, with tinct. opii and fomentations. He was relieved in about fifteen minutes, when a slight spasm of the facial muscles was observed, and he expired.

With the aid of Dr. Sabine I made a *post-mortem* examination, of which the following notes were taken:—

*External Appearances*.—Body generally pale, with slight yellowish tinge; muscles rigid.

*Chest*.—Lungs slightly emphysematous and studded with spurious melanotic spots.

*Heart*.—Normal in size and thickness; semilunar valves of left side studded with slightly ossific deposit.

*Abdomen*.—On opening this cavity the intestines were found floating in fluid blood and serum, which were removed with numerous coagula—amounting to several pints, “half a chamber full.” On careful examination a laceration was found in the posterior part of the inferior concave surface of the right lobe of the liver, which was filled with a coagulum. The liver was carefully removed from the body, and on pressing the finger carefully into the rupture, it was carried into an extensive lacerated cavity extending upwards and backwards. On laying open the cavity an opening was discovered in the right hepatic vena cava, from which the fatal hemorrhage had taken place.

The rest of the viscera healthy, except the kidneys—both were encysted, particularly the left; the superior cyst of which would probably contain ten ounces.

Abercrombie, in his *Pathological Researches on the Diseases of the Stomach and Liver*, relates the case of a gentleman mentioned by Andral,

previously in perfect health, who, on getting up one morning, complained of some uneasiness in the abdomen, and returned to bed, where he was left alone for some time. When his attendants returned to the room he was dead. On inspection much extravasated blood was found in the cavity of the abdomen, which appeared to have proceeded from a lacerated opening in the substance of the liver. This led to a small cavity full of coagulated blood, and the hemorrhage was distinctly traced to the rupture of a branch of the vena porta.—*New York Journal of Med.*

[The Editor of the New York Journal adds the following to the above.]

A case very similar to the above came under our notice a few years since, in the person of a married lady, aged 36, the mother of several children. She rose in the morning in perfect health; and while standing before her looking-glass making her toilet, she felt a sudden pain in the region of the liver; not, however, so severe as to cause any serious inconvenience at the moment. She became faint in the course of an hour, and vomited; was unable to sit up, and sent for a physician, who called me in consultation. I found her almost pulseless, with cold extremities and surface; sunken, anxious expression of features, and a distressing sensation of sinking at the epigastrium. She grew gradually weaker and weaker, and expired in about ten hours from the time of the attack. *Post-mortem* examination revealed a laceration in the liver. The cavity of the abdomen contained more than a gallon of extravasated blood. All the other organs were healthy. Although no opening was found in the *vena cava* there can be no doubt, we think, that the hemorrhage proceeded from that vessel.

#### CASES, BY AN OLD PHYSICIAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have recently received several interesting medical communications from my venerable friend, Dr. Oliver Partridge, of Stockbridge, now in the 96th year of his age, and still enjoying a comfortable state of health. They are very curious and instructive. The doctor has been in practice more than 67 years, and in that time he says “it has been my lot, 1st, to invent a speedy and safe remedy for breeding sickness, even if the stomach ejects all food and medicine and the abdominal spasms are seemingly intolerable. 2nd, two cases of females in constant spasms, unless in an horizontal posture or on their backs, and one given over to die as incurable by two of my superiors, after their close attendance fifteen months, tucked on to my care for leanness and debility exceeding all, like a skeleton covered with a wet cloth. 3d, I have found a new method (to me) of curing the piles, by practising on myself. 4th, I think I have much the best way of relieving a prolapsus uteri; but I find every one has the best way. 5th, in two cases, one of an arm, the other of a leg paralyzed by mercury, I have afforded relief. I began after twenty years

to attend to females, and in the second of the above cases I persevered from 1797, five and a half years, before the cure was completed, and it established me for perseverance. The two first and the last of these methods were new to me. I am told no one whatever thought of it. I am told it meets some approval."

I have solicited the doctor to let me lay these communications before the public. He has consented to have the following cases and remarks published, either in your Journal, in the Transactions of the Massachusetts Medical Society, or in any journal to which I may choose to send them. As your Journal has a more extensive circulation in Massachusetts than any other, I have taken the liberty to forward them to you, and I hope you will see fit to publish them. As it is somewhat difficult to read the handwriting of Dr. Partridge, on account of a kind of paralysis of his right arm, he has requested our mutual friend, Dr. Fowler, of Stockbridge, to transcribe these cases for me. I think you will find them very curious and interesting, and, so far as my observation goes, new. Coming from such a source, I think they will be read with much avidity by our professional brethren.

Yours, &c.

Deerfield, Ms., May 20th, 1846.

STEPHEN W. WILLIAMS.

*Limbs paralyzed by Mercury, Restored.*

In my early acquaintance with medicine, Jan. 7, 1774, I set a small tin box on a shelf, with two or three drachms of mercury in it, and carelessly left it; next day, going to it I found the box completely unsoldered, and the tins pressed out, and a quantity of a yellowish brown powder and many globules of mercury, with the vials, on the shelf near by. Here was evidence of a strong affinity between mercury and lead. I said to myself, Mr. Mercurius, little did I think you had such an affection for Mrs. Plumbum as to devour her, and leave nothing but her dress, and that in a powder. I will remember this, and if I have a chance will glut you with saccharum saturni.

Thirty-three years after, Sept., 1807, my sister, the wife of N. Bull, Esq., of Lanesboro', was very sick. He and Dr. Burbank desired my constant attendance. To prevent the bad effects of a change from an active to a sedentary life, I rode a little daily, and called on relations or friends who were many here. One day calling at Mr. David Jewett's, his daughter Anna came in, took a chair and put it by another, sat down and raised her legs, and with her right hand took her left arm and laid it into her lap. I said, you handle your left arm as if of not much use. She said, "the use is lost, and it is not better than a rope hung to my side, and I could not have raised it, of itself, to have saved my life." How happened it? "It was done by mercury; near two years ago, I was afflicted with a distressing pain in my head, and Dr. Burbank thought it of the inflammatory kind; he could not remove it, and Dr. Timothy Childs, and Dr. James, of Pittsfield, were both engaged, and all three attended me near fifteen months, in which time I was thoroughly salivated twice. They removed the pain, and my arm was lost. They have endeavored to recover my flesh, strength, and arm, but can do neither, not



even cure the salivation, for I have a copious spitting of about three days every month regularly." You are to be pitied, I said; but I am inclined to do something to that arm. Her mother had come into the room. She says, "We shall do no more, it is a desperate case, and we have been at very great expense; we have employed the best physicians, and they say she is incurable." I have no desire to put you to any expense, or give Miss Anna any more trouble than to wash the arm with warm water and apply a bandage. Some years ago, in compounding medicines, I found mercury had a great affinity to lead. I wish to know whether mercury is yet in that arm, or has done the mischief and gone. If there yet, I want to apply lead and see if he (mercury) has as strong affection for lead as formerly. I will, by applying lead, cast him out of his bed to embrace Mrs. Plumbum (alias lead) and glut him, and throw out both to the grasshoppers abroad, and free the arm from him. Mrs. Jewett says, "Your fancy plan, I presume, will not succeed." Madam, I think the doctor ought ever to persevere. I will see Dr. Burbank; and we went to friend Timothy Whitney's shop, and from his tea chests supplied ourselves with thin slips of lead of about an inch wide and as long as necessary, and we covered the arm from wrist to shoulder with lead and a woolen bandage snugly. She retired, smiling at the expectation of our disappointment. In the morning, on removing the bandage, we were all amazed to see the lead cut cross-ways from end to end, very few pieces of an inch long, and much of the yellowish brown powder. Miss Anna's joy was very great in expectation of a good consequence. This process was followed daily until there was no effect on the lead. In the mean time a sheath, or covering, was made for the upper arm, of softened lamb skin, flesh side inwards, and to fasten with a string round the neck and covering the shoulder also; one to fit the lower arm and be loose over the elbow, to button to the upper one, and to the wrist, setting snug; the arm to be washed daily with warm water, and well embrocated with a liniment made with the essential oils (I think) of terebinthina and origanum in alcohol, with camphor, soap, and volatile spirit of ammonia, thus to stimulate the nerves and fibres to action; the covering well saturated with the liniment will serve as a continual plaster, if covered with a flannel bandage; this will tend to restore strength. I soon returned home, and Dr. Burbank did, I presume, all that was necessary to restore health; for six months after, in March, 1808, she brought a pail of water ten rods, from the spring to the house. That season she consummated her marriage agreement with Mr. Stiles, and went and settled in Lisle, near Binghamton, New York, and from her neighbors in Lisle, and friends in Lanesboro', I learned that she was completely cured.

Further—another instance. Col. Henry Brown, about 1818, bought a township on the borders of Lake Erie, thirty miles beyond Cleveland, and invited young married couples to go and settle there. Mr. Levi Shepard and his wife, with one child, went. Her brother Sylvester Barnum, his wife and two children, also went from Stockbridge; and Mrs. Shepard had the fever of the country repeatedly, from time to time, year after year, and was reduced to a weak and infirm state, and one leg was

paralyzed with mercury, and she went on her crutches, drawing one leg after her about house, more than a year before I heard of it. I wrote to friend Shepard. The letter was for her doctor to try to restore her leg, and more than a year after that, I heard my directions were beneficial. Barnum's wife had one more daughter, and a while after, Mrs. B. died. He came and found another wife, and after a year or two she died. He came and found a third, who had disposed of her chickens and wanted such a friendly, sociable mate as Mr. Barnum was, who had rather talk some than sleep all night. He married and staid with her a while, and she concluded to sell and go to Ohio with him to his children. After a year or more she died. Barnum having buried three, says, I will take no more wives to Ohio; two of his daughters found their mates. He sells his farm and comes to Stockbridge, buys a suit, and marries an old pullet, and they are as happy as two doves. Some weeks ago he called to see me in my long confinement, and talking of Ohio, says, "Sister Shepard's cure, from your prescriptions, is ever remembered with gratitude; you would have been astonished to have seen how the lead was cut to pieces the whole length of the leg; then less and less, and what was put to the ham for three inches, was cut into pieces twice as long as any other part of the leg. The doctor did all as directed, and some more, as he electrized her, which he thought did her good. She was restored to health and able to walk, as well as ever, two miles to meeting with me before I left there." So said her brother Barnum.

I have been thus particular in the relation of these cases, because, that such have been asserted as impossible, and not to be credited. Facts are not to be denied. Occurrences seemingly trifling may providentially eventuate in great good, and the agents be only the instruments.

From your friend,

OLIVER PARTRIDGE.

Dated at Stockbridge, 27th April, 1846, it being the first day of my 96th year.

O. P.

P. S.—DR. WILLIAMS. Dear Sir,—Having copied the above for Dr. Partridge, I presented it to him; on which occasion he presented to me additional facts in relation to the recovery of Mrs. Shepard, which I advised him to transmit to you, whereon he desired me to do it. It seems that Mrs. S. had but one child when she removed from Stockbridge, and had no more until after her recovery by means of the lead. She then expressed herself as having a return of her youthful feelings, and subsequently gave birth, successively, to three children, and is now enjoying a healthful and vigorous old age.

Very truly yours,

ROYAL FOWLER.

#### ENLARGEMENT OF THE THYMUS GLAND.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case is reported by C. A. Porter, A.M., M.D., formerly Resident Physician of the Philadelphia Alms House Hospital, Physician New York Dispensary, &c.

T—S—, a robust child, æt. 3 months, brought to the New York Dispensary September 17, 1845, panting for breath. It immediately struck me as a case of croup, i. e., I thought it was the croupy sound. I. A. Washington, M.D., a gentleman for whose opinion I have much respect, happening to be present on a visit, after an examination, replied, "It is pneumonic respiration." He suggested to get an ounce of blood by a cup between the shoulders, which was promptly done by the attentive Resident Physician, W. B. Parkinson, M.D. I directed syr. ipecac. and apply to throat and chest a liniment of ol. terebinth. and acid. acet. equal parts; also mustard pediluvia. The child was taken with convulsions towards evening of the same day, and deceased about 11 o'clock at night. The above occurred at the Dispensary. About two hours afterwards, I made a visit to note the effect of treatment. Unfortunately they had given me the wrong No. I could not find the place, and they informed me next day, at the Dispensary, of the result.

*Autopsy*, September 18, 12 o'clock. My colleagues, Drs. I. E. Taylor and S. C. Foster, kindly assisted me. We discovered no appearances of either pneumonia or croup. We thought the thymus gland might be considerably enlarged, and this pressing on the air-vessels may have produced the difficulty of breathing, and afterwards the convulsions. For want of time, and from aversion of the family, we did not extend our examination into the brain. The thymus weighed, according to W. C. Roberts, M.D., one ounce: usual weight is about half an ounce. S. C. Foster, M.D. thought there was hypertrophy of the left ventricle. The foramen ovale was perfectly closed.

*Remarks*.—We have not the inclination—if we had the ability—to go deeply into the thymus gland; neither is it necessary, for Dr. Roberts, and several other medical gentlemen of eminence, have pioneered the way for us, and by their exertions shed much light upon the subject. It is our own opinion that many, very many, well and carefully observed facts are yet wanting to enable us to arrive at correct and certain practical deductions.

*Quere*.—What would homœopathia, or even hydropathia, achieve in a case like the above? We have very recently witnessed a case in this State. A very worthy friend of ours—having perfect confidence in homœopathia—having bronchitis, employed, of course, a doctor of that "persuasion." Our opinion was asked, by a relative having no confidence in this "new-light doctrine," as to the result. We replied, with considerable confidence, that the patient would recover. We remembered the sagacious remark of that acute observer, N. Chapman, M.D., of the University of Pennsylvania, "It is hard, young gentlemen, to kill a patient"; and we saw that the patient had a constitution which would carry him through; notwithstanding the negative-do-nothing treatment. The result proved us correct. We trust the "doctor" will not proclaim the case as a triumph of his system. If he do so, and hold it up as a medical fact, he will be guilty of holding up a fact as negative as his system. It will be a false fact!

*Albany, N. Y., May 22, 1846.*



## MALIGNANT TUMOR ON THE NECK—CURE.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT thirty years ago a Mr. Stockwell, of Marlboro', Vt., consulted me on account of a tumor, which made its appearance several months previous, on the side of his neck, directly over the carotid artery; and which, at that time, had grown to about half the size of a pullet's egg. The tumor felt rather soft and yielding, and I was in doubt whether it was an aneurism of the carotid, or something else. I declined prescribing anything in the case, except that I advised the patient to avoid violent muscular efforts, to confine himself to an unstimulating diet, and, if the tumor should go on increasing and begin to be troublesome, to apply to Dr. Nathan Smith, then of Hanover, N. H. Some months afterwards Mr. S. visited Hanover, and consulted Dr. Smith. He also, as I was informed, had doubts as to the character of the tumor, but rather concluded that it was aneurismal, and agreed, in case it should become much more troublesome, to visit the patient at his home and operate for its removal. Some time afterwards, the tumor having so much enlarged as to obstruct the respiration and deglutition, Dr. S. was sent for. He came down, in company with Dr. Amos Twitchell, now of Keene, N. H., and they attempted an operation. They found the tumor (as I understood from some one of the neighbors who was present) to be very vascular and bloody, but not of an aneurismal character, as was expected, and closed the operation without removing the whole of it. The patient soon died.

About a dozen years ago, I was again consulted by a Mr. Hastings, of Gill, in this vicinity, on account of a tumor in all respects like the one above mentioned. I advised him to see Dr. Twitchell. He did so, and the tumor was by him extirpated. The wound went on healing favorably for a while, but finally put on a cancerous appearance, and the patient at length died.

A few years afterwards, a Mrs. Newcomb, of this town, whom I had been attending through a fever, had a tumor make its appearance on the neck, in all respects, so far as I could judge, like the two which so fatally terminated, as related above. On being consulted about it, I expressed my fears of its being of a malignant character, and gave her little or no encouragement of being cured. She applied to Dr. James Deane, of Greenfield, when the tumor had acquired, as I should think, nearly or quite the size of a hen's egg. He at once commenced scarifying and cupping it. He took from it six or eight ounces of blood at a time, and frequently, for several weeks. The tumor, under this treatment, in a few days began to diminish, and was finally entirely removed. The patient has recovered in good health, and has been free from every vestige of the tumor, for five or six years, and up to the present time.

*Bernardston, May 18, 1846.*

JOHN BROOKS.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JUNE 3, 1846.
 

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*Medical Anniversary.*—According to custom, the anniversary meeting of the Massachusetts Medical Society was held on Wednesday last. The discourse of Dr. Green, of Lowell, was a plain, sensible dissertation, altogether superior to some that the members have heard on similar occasions. He had the good judgment to give an oration on a subject with which he was perfectly familiar, and one also which was new to his hearers, viz., the health of factory operatives. The corporation in Lowell would be permanent gainers by publishing the discourse on their own account, to convince the opponents of the Massachusetts system, that the spinners and weavers in factories are as thrifty, healthful, moral and long lived, as any other class of people in America.

On Thursday, at the Counsellor's meeting, Dr. Bigelow was re-elected President; Dr. Putnam, Secretary; Dr. Thomas, Librarian; Dr. Ware, Orator for 1847—all of Boston.

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*Census of Boston.*—Lemuel Shattuck, Esq., has completed a Report to the committee of the City Council, appointed to obtain the census of Boston for the year 1845—embracing collateral facts and statistical researches, illustrating the history and condition of the population, and their means of progress and prosperity. It assumes the form of a thin octavo, of 179 pages, to which an appendix is attached, of 95 pages more, together with two valuable maps. By an extra effort at begging, a copy of this report has been obtained for examination. We indulge the expectation that in the general distribution which should be made of the work among the inhabitants, since all intelligent citizens must have a wish for it, one of them may fall to our share. Several small comments, intended to be severe upon the author, have appeared in some of the daily papers; but it cannot be that such commentators appreciate the services of Mr. Shattuck. The amount of statistical information he has collected, illustrative of the actual condition of the inhabitants of Boston, is surprising. The chapter on Public Health, alone, unconnected with other topics having a bearing upon the wealth, progressive riches or prospects of the city, is worth the cost of the publication, if the corporation heed its admonitions or practise upon its precepts. It is in that particular division of his researches that Mr. Shattuck has secured a lasting reputation. No medical man in New England has ever carried his investigations so far, or conferred a greater benefit in publishing statistical information. Life and death, the beginning and end of human existence, are objects of intense interest in all well-ordered communities. It is the province of local authorities, and all persons of intelligence, to study into the causes that shorten life—whether they are epidemics, endemics or otherwise. Sewers, cellars, wells, stables, and all accumulating reservoirs of filth, have a bearing upon the public health in all populous towns.

The atmosphere that is breathed, the water that is drunk, the houses occupied, to say nothing of the provisions sold in the markets, must necessarily influence the health of every individual, especially those residing in a compact city.

Mr. Shattuck will never be appreciated in this age—no, not by those who acknowledge the faithfulness of his labors, simply because every one cannot perceive, readily, any importance in researches respecting celibacy, matrimony, widows, orphans, or the average length of a shoemaker's days in Boston compared with one at the summit of the Green Mountains; but the period will certainly come when this book will be sought for with avidity, and its high authority and importance acknowledged.

Our statistical researches in this country are too carelessly conducted, and therefore possess but little value to fact-gatherers in other countries. Mr. Shattuck has imitated the system pursued in England, though his inquiries are not so minute, chiefly because minuteness of detail is not popular or practicable. We regard the report as the beginning of a plan, which will yet be carried out by the general government, and therefore leave the further consideration of the subject to a more fitting occasion.

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*Aconitum Napellus*.—From Mr. John Churchill, a well-known London publisher, we received by the last steamer "An Inquiry into the Physiological and Medicinal Properties of the *Aconitum Napellus*; to which are added observations on several other species of *aconitum*, by Alexander Fleming, M.D., President of the Royal Medical Society of Edinburgh." This is an important treatise, and was so regarded by the *Senatus Academicus* of Edinburgh, in 1844, a gold medal being conferred on the author. The book is divided into six sections. In the first are considered the botany, physical characters, &c., of the plant; 2d, its physiological action on animals; 3d, its physiological action on man; 4th, its action in small doses on the different systems of organs, as the cerebro-spinal, muscular, vascular, respiratory, &c.; 5th, its therapeutic action in a variety of diseases, &c. &c.; 6th, the physiological action of the other species of *aconitum*.

An appendix follows, in which a variety of curious and instructive experiments are detailed, of much importance to the practitioner of medicine; and lastly, cases of poisoning are brought forward to show the true character of the article under every aspect in which it can be of interest to the medical profession. This is a book of profound, patient research, which could not have been the offspring of any second-rate mind. If medicine is an uncertain art, it must be admitted that we are in possession of a class of facts in relation to the specific action of certain agents in the vegetable kingdom that will positively extinguish life, if they will not prolong it. And this is not all; for by the investigations of philosophers, certain laws are discovered in the animal economy respecting the manner in which it is influenced in sickness by nature's preparations from the field, and these are noted down for reference. A re-publication of the essential portions of this trust-worthy book, could not be otherwise than prized by those into whose hands it might fall. However meagre this synoptical description may be considered, we can assure the reader that Dr. Fleming's researches are every way worthy of the commendation they have already received in Great Britain, and thus far in America.



*Progress of Homœopathy.*—A convention of this new school of practitioners was recently held at Philadelphia, and was well represented by delegates from the various parts of the United States. Notwithstanding the general opinion of intelligent persons that the farce of homœopathy must soon explode, and common-sense sick people look up their old medical advisers for relief, the doctrine is certainly spreading, and the homœopathic physicians pocket a far larger income for their little medicated pills, than any other class of practitioners in the country. This convention clearly decides the fact that homœopathy is not insignificant in point of numbers at least. Opposed as we are to this system, from a conviction that its success depends on the imagination of the patient, it would be useless as well as dishonest to pretend that the day of its downfall is near at hand. The delusion, if such it is, will yet flourish among us, and its friends predict its universal diffusion over all countries where civilization exists.

The next annual meeting of the homœopathic fraternity is to take place in Boston, in May, 1847.

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*Phrenological Almanac.*—While Mr. L. N. Fowler lives, phrenology will have a strong, unyielding advocate and expounder. He has produced a curious series of illustrations to prove the truth of the science he so laboriously teaches—which will be read where larger and expensive treatises would not be likely to circulate. The *Phrenological Almanac* for 1847 contains many facts of general interest to thinking people. The cuts, however, are too abominably ugly. That of Harrawaukay, the New Zealand chief, looks as much like a baked potatoe as a savage commander. The artist has given the mild face of Mrs. Sigourney, the poetess, the brazen, staring expression of a Winnebago squaw. The written part of the *Almanac*, that which emanated exclusively from Mr. Fowler's own mind, will be recognized with pleasure by most persons.

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*Medical School of Maine.*—Nineteen gentlemen were admitted to the degree of M.D., at the close of the recent lectures, viz.:

Charles H. Barker, Cornish, *Acute Enteritis*; William M. Barrett, Townsend, Mass., *Hypertrophy of the Heart*; Bowdoin R. Buker, Plymouth, *Acute Hydrocephalus*; Albion P. Chase, East Livermore, *Phthisis Pulmonalis*; Parmenas Dyer, Augusta, *Menorrhagia*; Luther Fitch, Portland, *Change of Air in Curing Diseases*; Andrew J. Barlow, Auburn, *Menorrhagia*; Joseph A. Jackson, Jefferson, *Pneumonia*; Asa Johnson, Limerick, *Tuberculosis*; Abial Libby, Gardiner, *Acute Pleuritis*; John D. Lincoln, Brunswick, *Tracheitis*; Daniel E. Palmer, Tuftonborough, N. H., *Amenorrhœa*; Lycurgus V. Payne, Belfast, *Mentagra*; James Sawyer, Saco, *Intermittent Fever*; Samuel F. Small, Jay, *Icterus*; Nathaniel T. True, Monmouth, *The Nerves of the Human Body*; William H. Wattles, Norwich, Conn., *Scrofula*; William Wescott, Gorham, *Acute Rheumatism*; John J. Witherbee, Machias, *Hæmatemesis*.

The institution is represented, by the Brunswick paper, to be regaining its former influence—which we are right glad to hear. It should be one of the very best at the North. A little local management would make it so. The Legislature has always been generous. The graduates passed

resolves highly complimentary to the faculty, who are men of sterling qualifications for their several chairs.

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*Spectacle Wearers in Boston.*—Strangers are free in their comments upon the vast number of persons wearing spectacles in this city. It strikes new comers with astonishment to see such multitudes of men, women and children, in the churches, halls, theatres, places of exhibition and streets, peering through glasses. And it is not strange that they are surprised at the sight, since it is doubtful whether the wide world over presents a parallel. How is this to be explained? Is there any local cause existing here, that interferes with the functions of the eye? One man, within our personal knowledge, wears gold bowed spectacles, not because his vision is defective, but from an idea, we imagine, that it gives dignity to his expression. No doubt vanity is often at the bottom of the vice, for it is a vice when no necessity requires the assistance of art in the case.

Two large lithographic plates are before us, comprising portraits of the faculties of the Medical Department of the University of New York, and of the College of Physicians and Surgeons. In the latter, four of the professors are represented with spectacles, viz., Drs. Beck, Torry, Watts and Gilman.

Dr. Paley says that teeth were not made to ache, and it is no less certain, reasoning from the same premises, that eyes were not designed to need artificial aid. Yet from the manner they are harnessed in Boston and its vicinity, it seems that nature has either been at fault, or her processes for completing the organs have been unfortunately interrupted.

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*Diseases of the Penrhyn Islands.*—Ophthalmia is common, as well as diseases of the skin. On the authority of Dr. Judd, hepatic maladies are extremely rare. There is but little typhus, bilious or yellow fevers, which are so frequent on continents. The children suffer from a want of cleanliness, and consequently there is a great mortality among them at times. They are permitted to eat all kinds of food, however indigestible, and excoriations, ulcers, &c., of a horrible appearance, seem to have an origin in their irregular mode of living. Capt. Wilkes is persuaded that many of the Polynesian diseases are produced by eating food in a state of fermentation—which is sometimes very offensive in smell. In that state it is preferred. Epidemics are not frequent. In 1803 and 1804 a sweeping desolation was made by an epidemic.

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*Pennsylvania Hospital.*—From the last annual statement of accounts of the Pennsylvania Hospital, we learn that the number of patients remaining in the Hospital 4th month 26, 1845, was 88; number admitted within the year, 1073; total number treated within the year, 1161; number discharged during the year, 1047; remaining fourth month 25, 1846, 114. The number of patients treated and maintained wholly at the expense of the institution, from fourth month 26, 1845, to fourth month 25, 1846, has been as follows: remaining from last year, 70; admitted during this year, 808—total, 878. Which is an increase over last year of

122, and an increase of 96 over any previous years since the establishment of the hospital; the greatest number treated in any one year having been in 1830, when there were 782 poor patients. Of the 808 poor patients admitted during the year, 314 were *recent accidents*; which, added to 25 remaining in the house at the close of 1844-5, make a total of 369 accidents; being an increase of 23 over last year. Of the 1073 patients admitted, there were, infants born in the hospital, 22; under 18 years of age, 122; unmarried adults, 580; married adults, 277; widows and widowers, 72. Total 1073. The whole number of patients admitted into the hospital from its establishment in 1752 to fourth month 25, 1846, has been 43,061; of whom 24,091 were poor people, maintained and treated at the expense of the institution. Cured, 27,013; relieved, 5038; removed without having received material benefit, 3285; eloped, and discharged for misconduct, 1158; pregnant women delivered safely, 1033; infants born in the hospital and discharged in health, 973; died, 4447; remaining fourth month 25, 1846, 114. Total, 43,061.

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*German Water Cure.*—A recent letter from Paris, published in the Western Lancet, contains the following.

“One of my friends, who has just returned from Germany, told me that he visited, while there, the celebrated water-cure establishment, with patients of every description in it, all undergoing the same treatment, viz., cold-dash early in the morning, then wrapped up in blankets until copious perspiration ensued; then thrown into a bath with the water down to the freezing point, and so on, *de suite*, for weeks at a time. He saw there a young American, with gonorrhœa, who, in addition to these bathings, constantly wears freezing cloths around his loins; and says that the latter and his brother intend remaining there some time to study the *system*, when they will return to the United States and open a grand hydropathic establishment; which will, notwithstanding the ignorance of the brothers, doubtless be well patronized.

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*Professor Draper's Work on the Organization of Plants.*—This beautiful and philosophical work has received far less attention from American physicians than its merits deserve, and this, we have no doubt, is partly, at least, owing to the form of publication, viz., the quarto. In Europe, we have reason to know that it has made a most favorable impression, and is regarded as the very highest authority on the subject on which it treats. Carpenter, in his recent work on Physiology, of which we shall give an account in our next number, quotes largely from it, as do other recent writers of high standing both in Great Britain and on the Continent. We wish the publishers would bring out an edition in octavo form; when, we have no doubt, it would at once be adopted as a text-book in colleges, academies, and medical schools. We regard it as decidedly one of the ablest works of the age, and an imperishable monument of genius and philosophical taste. The same author has a text-book on Chemistry, in press, which we have no doubt will supersede most others as a manual on this subject. A History of Chemistry, also by Dr. Draper, will soon be issued in London.—*New York Jour. of Medicine.*



*Deaf and Dumb.*—The following facts have been communicated to me by a highly respectable clergyman, acquainted with the family, and at the time resident near them.

William Fullerton and Elizabeth his wife, in 1822, resided in the town of Hebron, county of Washington, and State of New York. They had twelve children, seven of whom were deaf mutes, and the remaining five not. The deaf and dumb children were born alternately to those that were not so. The names and ages, in 1822, of the mutes were as follows: Nancy Fullerton, aged about 22 years; John Fullerton, 20 years; Jane Fullerton, 19 years; William Fullerton, 14 years; Walter Fullerton, 12 years; David Fullerton, 9 years; Ann Fullerton, 5 years. The ages of the second and third approximate quite nearly, but I am still assured that there was one intermediate. These facts were shortly after the date communicated to Dr. Samuel Akerly, and they may be stated in one of his annual reports of the New York Deaf and Dumb Asylum.—*American Journal of the Medical Sciences.*

*Medical Miscellany.*—In the Boston Houses of Industry and Reformation, the expense of medical and surgical instruments, in 1845, was \$952.83. In the same period, 613 pounds of tobacco and snuff were distributed in the institutions. What will the anti-tobacco and snuffing society say to this?—Yellow fever and black vomit were both raging at Cape de Verds when the brig Pauline left, 1st of March. Since October between 4 and 5000 had died.—The smallpox at Goree, Africa, carried off 200 people in 20 days. It was carried there by a French steamer from Gaboon river. Nearly all the crew died of the same disease.—A Dr. Lowry, of Canton, Miss., recently killed a brother-in-law by both shooting and stabbing him. Dr. Samuel Gregg, of Boston, recovered a bill of \$157, of Geo. Walch, for medical attendance on a woman he called his wife, but when the bill was presented denied her relationship to him.—Twenty-five thousand dollars are in the process of being granted by Congress to meet the arrearages of the marine hospitals. There has been some talk in the House about locating some hospitals at the west.—Population of the city of Lowell, Mass., 28,841; births from May, 1845, to May, 1846, were 312 males, 345 females.—Guano is announced to be a remedy for leprosy. Dr. Peixotto has invited the attention of the Brazilian Government to this subject, that country being full of lepers.—Surgeons being scarce in Boston, a druggist officiates as surgeon in a favorite military corps, called the Lancers, and appeared on the public parade last week, in a very cutting looking chapeau.

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MARRIED,—Eleazer S. Beebe, M.D., of Stafford, Ct., to Miss Harriet S. Force.

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DIED,—At North Adams, on the 10th ult., Robert C. Robinson, M.D., aged 62 years.—At Canterbury, N. H., Dr. Andrew P. Wiggin, 54.

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*Report of Deaths in Boston*—for the week ending May 30th, 63.—Males, 27, females, 36. Stillborn, 1. Of consumption, 12—measles, 12—smallpox, 3—disease of the heart, 2—lung fever, 1—dysentery, 2—croup, 2—convulsions, 4—delirium tremens, 1—old age, 2—dropsy, 1—inflammation of the brain, 1—mortification, 1—scarlet fever, 5—rupture of bloodvessel, 1—dropsy on the brain, 3—inflammation of the lungs, 2—abscess, 1—diabetes, 1—teething, 1—childbed, 1—sudden, 1—typhus fever, 2—canker, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 13—between 40 and 60 years, 7—over 60 years, 6.

*Case of Hydrocele Cured by Electro-Magnetism.* By THOS. L. OGIER, M.D.—An old gentleman whom I was called to attend in November, 1845, for an enlargement of the prostate gland and paralysis of the bladder, had a hydrocele of the right testicle, which caused him great inconvenience, and which he was very anxious I should operate upon. His health at that time was such as to render an operation improper, and I therefore advised him to wait until it should improve, intending then to operate by injection; or if his health did not warrant this, to give him temporary relief by simply puncturing the tumor and letting out the fluid. For the affection of the bladder, it was thought proper to apply the electro-magnetic battery, and pass the shocks from the lower part of the spine through the bladder, in all directions. Whilst making these applications, I felt desirous to know what would be the effect of passing the electric fluid through the hydrocele, and therefore determined to try it. The wires were applied to the tumor, and the electricity allowed to pass through it in every direction; this application was made every day for a fortnight, and each application was continued from six to eight or ten minutes. In about ten days the swelling was increased, the testicle itself became enlarged, and painful when pressed, the scrotum was red or slightly œdematous, and the whole tumor assumed very much the appearance of a hydrocele two or three days after the operation by injection. It remained in this condition two or three days, and then gradually subsided; and three weeks after, the parts became of the natural size. It is now more than two months since the application of the battery. The testicle remains in its normal state, the hydrocele evidently radically cured. I am not aware that hydrocele has ever before been treated by the above method. As it produces no constitutional irritation, and is of such easy application, would it not be expedient in recent cases, when there is not much thickening of the tunica vaginalis, and also in hydrocele occurring in old debilitated subjects?—*Southern Jour. of Pharmacy.*

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*Cyst of the Mammary Gland.*—Theodosia H——, aged 44, a delicate-looking woman, and a widow, received a sharp blow upon the right mamæ, three years ago. She consulted Mr. Hodgson, of Birmingham, under whose care all pain and inconvenience subsided. She remained well till two months ago, when the breast began to swell without pain or obvious cause.

Dec. 26th, 1845.—She came to St. Bartholomew's Hospital to consult Mr. Lawrence, who found an elastic tumor, covered by healthy integument. Mr. Lawrence made an opening with a lancet, and let out ten ounces of thin, yellow, purulent fluid, mixed with clots of blood. Ordered a bread poultice and meat diet.

Jan. 2nd, 1846.—There is a considerable discharge of thin purulent matter, which makes her feel weak and exhausted. Ordered two ounces of port wine daily.

10th.—The tumor has entirely subsided; about half an ounce of thin yellow discharge escapes daily in the poultice. She left the hospital at her own request, promising to return should any unfavorable symptom arise.—*London Lancet.*

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A LECTURE ON DISEASES OF THE CHEST.

Delivered by J. A. Swett, M.D., at the New York Hospital, March 11th, 1846.

THE Doctor commenced his lecture to-day, by recapitulating some of the leading characteristics of the physical signs on which he spoke yesterday, and after some remarks on the vesicular murmur, and its various changes, and the importance to be attached to it, he went on to say, as to the supplementary action of the lungs, in the earlier periods of pleurisy, the respiratory murmur is loud over those portions of the chest that remain healthy, while the sound of respiration is *feeble* over the seat of the effusion. When a large pledget of mucus enters a large bronchial tube, it also becomes very feeble, or ceases entirely, in that portion of lung supplied by that bronchus. This loudness or feebleness, however, is principally valuable as a diagnostic, according as it exists in a circumscribed portion of the lung; and this is another proof how important it is, to constantly compare the sounds on the opposite sides of the chest, in order to arrive at a correct diagnosis. These changes to loudness, or feebleness, or the entire want of a vesicular murmur, however, are all merely changes in degree from the standard of the natural murmur; there are some other changes, which are changes in kind, equally important.

One of the leading characteristics of this murmur, is the idea of softness and expansion, which is uniformly observed in it; in certain cases there is a peculiar *harshness* associated with it; in some cases this is to be heard very distinctly, and it is one of the first and the simplest of all changes that take place in the vesicular murmur, and is indicative of very slight disease; this change is most marked in the early stage of tubercles, where they exist of a size, and in number, just sufficient to impede the free expansion of the vesicles.

Again, in other cases in connection with this harsh respiration, we find it is *jerky* as it is called; thus, in healthy respiration, the expansive murmur falls equally upon the ear, but in certain cases of incipient disease it comes by jerks, stopping for a moment, and then coming again. This state also belongs to the early period of tubercles, and is also owing to an impeded expansion of the vesicles.

Again, in other cases, we find these three conditions united, viz., the *feeble*, *harsh*, and *jerky*; the reason of this combination can be easily explained, for the air, on its passage into the vesicles, expands



them fully, equally, and uniformly, if there is no obstacle to prevent it: but supposing tubercles to exist on the outside of them and filling up the interspaces between them, it at once will strike you, that the sound produced must be feeble, because the air enters into them fully—harsh, because expansion is prevented—and jerky, from a want of uniformity in the expansion.

Again, in other cases of incipient disease, where the compression and consolidation of the lungs is circumscribed and trifling, you will find a *prolonged expiration*, something entirely distinct from the expiration in the healthy chest, where it is quite short, but in certain states it becomes equally as long as the inspiration; this arises from the lung being in a condensed state, and thus the expiration of the bronchial tubes, which, in health, is overcome by the vesicular murmur, now becomes heard. This prolonged respiration is one of the peculiarities of the bronchial respiration; of which it may be regarded as the first stage.

Again, in the second stage of pneumonia, where the vesicles are completely blocked up, we have the bronchial respiration heard in full perfection; this is heard more particularly in the larger tubes, the smaller ones being obliterated, as they have not the cartilaginous tubes to defend them that the large ones have. Bronchial respiration has no analogy whatever with the vesicular murmur; it is a dry, harsh, blowing sound, like that produced by blowing through a quill; the expiration is as loud and distinct as the inspiration, and is heard during both these acts, when the vesicular murmur is overcome. This prolonged expiration, and bronchial respiration, are both degrees of the same thing. In the prolonged expiration, as it is technically called, the vesicular murmur is not necessarily materially impaired, only the expiration is longer and more distinct—the slight indication of the bronchial respiration. At the summit of the right lung, under the clavicle, and behind in the supra-scapular space, this prolonged form of expiration exists even during the healthy state; the reason of this, as of other peculiarities in this spot, are anatomical, and I explained them in a former lecture.

Again, we have another modification of respiration, viz., the *cavernous*, as heard in cavities of the chest, such as tubercular ones; but in order that this sound may be perfectly heard, the cavity must lie superficially, it must have vibratory walls, and must have a pretty free connection with the bronchial tubes; if it does not, or if it is filled up with pus, or is deeply situated and covered by other portions of the lung, no cavernous sound can be elicited; but if it is in all these respects favorably situated, then you will have a peculiar modification of sound, called the cavernous respiration, though it is but an exaggeration of the bronchial sounds after all, and is varied in proportion to the size of the cavity. It is generally much less distinct than the bronchial respiration, and not so easily recognized.

In certain cases, where the cavity is very large and superficial, the sound becomes what is called *amphoric*; this resembles the sound produced by blowing into an empty bottle, and has a peculiar metallic cha-

racter. It exists in large cavities, the external side of which adheres closely to the walls of the chest, but is most marked in cases of pneumothorax, where there is a communication between the bronchial tubes and the cavity of the pleura, which thus resound when inspiration takes place; all of these varieties, however, viz., the prolonged, the bronchial, the cavernous, and the amphoric, are but degrees of one another, and in certain cases it is very difficult to distinguish them. I have seen cases, where the most practised auscultators failed to do so; for a large bronchial tube may simulate a cavernous sound, and a cavity may give out quite a doubtful metallic sound.

We now come to the phenomena connected with the voice. The voice originating in the larynx, as is well known, resounds over the whole chest; its vibrations are even communicated to the hand, when placed on the chest. But this vibration is not the same under all circumstances; in ordinary cases, a confused inarticulate buzzing sound only is to be heard on applying the ear to the chest. In some parts of the chest, though, this is not so; for instance, if you apply your ear over the root of the lung, the resonance of the voice will be loud and distinct; and if you apply it over the larynx, you will distinctly hear what the patient says, better, perhaps, than in the ordinary way. The difference in the degree of resonance in different parts, depends upon the bronchial tubes; where they are large and superficial, there it is always more loud and distinct. There is, also, always more resonance at the summit of the right lung than at that of the left; this is explained on the same principle that the peculiar prolongation of expiration, &c., in the same locality, has been explained.

Again, other circumstances assist to modify the sound of the voice; thus, the resonance is generally much greater when the person speaks in a masculine tone, than in women who generally speak in a high key; speaking in falsetto quite annihilates it. These sounds all originate in the larynx, and are transmitted: they do not originate in the precise spot where they are heard, but are transmitted there through the channel of the bronchial tubes, and this transmission, of course, depends on the readiness with which the tubes perform it, and, of course, many variations must thus take place. In fact, they are so numerous, that this cause alone has led many auscultators to place but little confidence in the resonance of the voice, as a guide to form a diagnosis, except when it is made use of in comparing opposite sides, then it may be made available.

We find in many cases of disease, a great increase in the resonance of the voice, and this is denominated *bronchophony*. Wherever there exists an increased bronchial respiration, there you will find an increased resonance of the voice; especially, when the larger tubes are not obliterated, and the surrounding portions of the lungs have become condensed so as to be good conductors of sound, in fact, better than natural, as in the second stage of pneumonia.

Again, if you apply your ear or an instrument over the larynx, there will be heard a strong resonance; it, indeed, will sound as if the person

were speaking in your ear. This is denominated *pectoriloquy*. Still, sometimes, where cavities exist in the vicinity, this sound is not to be heard ; indeed, bronchophony and pectoriloquy both are but exaggerated forms of the natural tone of the voice, and in certain cases you will have much doubt as to whether they exist, and there will be much difficulty in making out a diagnosis.

There is another modification of these sounds, that I will here notice, which is *egophony* ; this is, however, a difference in kind, not in degree. This occurs, principally, in cases of effusion into the cavity of the pleura, and is very similar to the bleating of a goat ; it can only exist where there is some slight degree of fluid, where the vesicles are compressed, and the bronchial tubes are not obliterated, but merely flattened ; thus, their vibrations are transmitted through fluid which renders them more sharp and tremulous. Egophony is found in pleurisy and hydrothorax, and, as already stated, is not a difference in the degree of the former sounds, but in their character. In other cases, again, instead of being silvery and sharp, it is much louder and more striking, resembling the sound of a trumpet sometimes, and again the sound that is made by the peculiar personage, so well known in Europe, but comparatively unknown here, called Punch. Sometimes it can be imitated by blowing through a split reed ; it partakes, to a certain extent, of the character of bronchophony, but is distinguished by its sharpness, and exists where the pulmonary tissue has been condensed by deposits in the lung itself. Laennec named it broncho-egophony.

We will now speak of the various RATTLES. In almost all cases of irritation or inflammation, with increased secretion, there is a tendency to the production of air bubbles in the air passages, and according to the different viscosity of this secretion and precise seat of the air bubbles that are generated, we have different rattles, which are produced by the bursting of these bubbles in the lungs. They are very important in some cases ; the rattles, from their fineness and abundance, occur only in the air vesicles, and it is easy to see why they are heard only during inspiration. The sound is not heard during expiration, as the bubble having been already burst by the inspiration, the expiratory act is not sufficiently strong to blow it up again, but it remains quiescent until another inspiration takes place. Sometimes it so happens, that the rattle is only heard at the very end of inspiration, and sometimes only when a peculiarly forcible one is made ; thus, when you recollect that there are hundreds of vesicles in the lungs, which may be filled with viscid mucus, and remember that the air enters into all of them, at the same time blowing this mucus into bubbles, which all burst together, you can imagine them giving rise to a species of fine abundant explosion, heard only during inspiration. This is the crepitant rattle. The secretion of mucus in the bronchial tubes is less viscid than it is in the air vesicles, and unequally so. And this physical inequality gives rise to a fact, in the bronchial form, that does not exist in the *crepitant* or vascular form. There the viscosity is equal, in the bronchial tubes it is not so—here the bubbles are not all of an equal size.



The different sizes of bubbles, giving equally different sounds, is the leading fact in the *bronchial* or *mucous* rattle. This rattle also is heard during both expiration and inspiration, thus again differing from the crepitant form; the air here entering into the mucus of the bronchi, blows up the bubbles and they burst; it then passes on to the extreme end of the vesicles, and, as on its return it has acquired a certain degree of headway or velocity, it has sufficient force to generate another bubble, which is again burst. This explanation is supported by the fact, that the bronchial tubes through which the air must enter, are much larger and nearer the trachea than the extreme vesicles; thus the leading character of the mucous rattle is the difference in the size of the bubbles, and its being heard both during expiration and inspiration.

A better name for the crepitant form, perhaps, would be the vesicular form. The mucus rattle has also been denominated the bronchial rattle; the terms are synonymous. The crepitant rattle can be perfectly imitated by blowing up a dry bladder, and the crackling noise it makes is the one in question; or by rubbing your hair near the ear; or the noise produced by throwing salt on the fire. The mucous rattle can be perfectly imitated by blowing up soap bubbles. Again, the mucous rattle is sometimes so abundant as to resemble the boiling of a pot, and sometimes an exaggerated gurgling sound exists in cavities, from the air continually entering.

Another rattle, is the *metallic*; this is not often heard, but it sometimes occurs in large cavities, and connected with the amphoric respiration.

Again, it occurs in cases of pneumo-thorax; this sounds something like the tinkling of a small bell, or the dropping of fine shot on some metallic substance. I class this modification of it among the rattles, because it is produced by the bursting of bubbles in large cavities, and is connected with cavernous and amphoric respiration.

We now come to the *RONCHI*, which are dry and sound, and produced by an entirely different mechanism from the rattles; the *sonorous* and the *sibilant* are first to be considered. The first is like the cooing of a dove, or the low notes of a bass viol; the second resembles the chirping of a bird, or a whistle. Both of these are different degrees of the same thing, only they are produced by different sized tubes, which have become partially obstructed from some cause or another; as the rings of the bronchial tubes are in part muscular, a spasmodic contraction of them may produce it; a pledget of mucus may get lodged in them, or tumors externally may press on them, or their coats become hypertrophied, &c. The diminution of the calibre of these tubes is the main cause of the sibilant or sonorous ronchus, and either is produced according to the size of the tube; the sonorous in the larger, the sibilant in the smaller. Of course, if the obstruction is only temporary, the natural cough that is induced, or other causes, will remove it; if it is permanent, the ronchus will likewise remain permanent.

Again, there are certain *rubbing* sounds, which are generally connected with pleurisy or tubercles; thus, in pleurisy, where there is no liquid effusion, and the opposite surfaces covered by coagulable lymph come

together, the sound of friction is elicited; but if the false membranes are recent, and the movements of the chest slight, there is but little sound, and in different states the sound varies from a soft to a harsh-grating one, so that sometimes it can even be heard by the patient himself.

Again, there can sometimes be heard a *crackling* sound at the summit of the lung, during inspiration; this is one of the earliest and best symptoms of tubercles, and arises from a rigid state of the vesicles giving rise to this crackling during inspiration. This sound, however, is usually feeble, and it requires very close attention to discover it; it was long entirely overlooked, though it is a most important means of diagnosing the early stage of tubercles.

Again, when, for instance, the upper half of the cavity of the pleura is filled with air, and the lower with serum, and there exists a rupture to the cavity of the pleura from the lung, such as constitutes hydro-pneumothorax, if you apply your ear and shake your patient you will hear the serum resounding as water does in a half empty barrel, when it is shaken; this is what is called Hippocratic succussion. This fact was perfectly understood by Hippocrates, and it is really wonderful that he and his successors took no more advantage of this mode of examination. Many, indeed, since his time, have made use of these various modes of obtaining a diagnosis, but none ever gave any practical results from it, until the time of Laennec.—*N. Y. Medical and Surgical Reporter*.

#### CASE OF TRAUMATIC TETANUS IN WHICH ICE WAS BENEFICIALLY APPLIED TO THE SPINE.

By John E. McGirr, M.D., Blair Co. Penn.

MISS MARGARET C——, aged 20, of plethoric habit, applied on the 28th of January to a dentist to have a tooth extracted—a second molar, in the lower jaw, on the right side. The dentist broke the tooth; and after several ineffectual efforts to remove the stump, applied some caustic to destroy the nerve (supposed to be nitric acid), and sent her home.

On Monday night, February 2d, at 9 o'clock, five days after the tooth was broken, tetanus came on. She had suffered excessive pain in the jaw, day and night, from the time the caustic was applied. Being summoned immediately after the first spasm, I was, from indisposition, unable to attend, and another physician was called in. As the case grew rapidly worse, the friends fearing a fatal termination, requested me to take charge of it, which I did on Wednesday morning. I found her in the following condition.

From one to four spasms occurring every hour. At 2 o'clock, P. M., the worst occurred; and from that time until the turn of the night they were very frequent and severe. The jaws were tightly locked; opisthotonos was severe; and there was pain and retraction at the epigastrium, returning every twenty or twenty-five minutes, followed by excessively violent paroxysms—three generally succeeding each other within a minute's time. The temporal and masseter muscles were the seat of very

great pain. The head was thrown back, and every muscle was in a state of rigid contraction. She answered, by signs, that there were severe pains shooting from the sternum to the spine. Swallowing was performed with the greatest difficulty; and twice to-day the very effort produced spasms. The belly was very hard and painful on being pressed; and when pressed upon, muscular twitchings agitated the entire body. These twitchings were constantly present between the spasms, and the muscles of the entire body were affected during the paroxysms. The muscles of the head, neck, throat, chest, extremities, hands and fingers were painfully contracted. The eyelids were drawn down tightly over the eyes; the patient could not move them; and when I raised them, which I found it difficult to do, the eyes were turned up, insensible to light, and the pupils largely dilated. The countenance was so much distorted, that I would not have recognized her as one with whom I was well acquainted. The pulse was wiry and beating 130. There was suppression of urine for 24 hours.

I ordered a blister to be applied from the temple to the symphysis of the inferior maxillary bone (to be dressed with morphia and mercurial ointment, and a warm poultice over the dressings; and bags of ice to the whole tract of the spine. When the ice was applied, a spasm immediately occurred, and it was removed; but when the patient recovered her consciousness (which always returned between the spasms), she made her attendants understand that she wished the ice replaced, which was done. One grain of morphia was ordered every hour, until stertorous breathing was induced, and perfect quiet enjoined.

Feb. 5th, 9 o'clock, A. M.—The most part of last night was passed badly—the spasms occurring every two hours, until four o'clock this morning, when an intermission occurred, and the sufferer fell into a quiet slumber which lasted four hours. She awoke without a spasm, motioned for a drink—which was given to her, and swallowed with much less difficulty than yesterday. The bowels were freely moved by a purgative. The eyes and eyelids were immovable. The pulse 80, and full; and the skin moist. Suppression of urine relieved.

2, P. M.—Has had three spasms since morning; and while I was in the house she vomited about a teacupful of a dark green matter. The vomiting was followed by three spasms in succession. Morphia resumed.

8, P. M.—No spasm since last visit. She had three while I was in the house. The pulse small and corded; breathing oppressed. Ordered morphia in small doses, and wine freely. Fearing too great exhaustion, the ice was removed from the spine, and the most perfect rest enjoined, as the running of a waggon on the road above the house produced a spasm.

6th. 7, A. M.—Spent the early part of last night without a spasm; the latter was passed rather restlessly, and with two spasms, which were much lighter than usual. Vomited once, which was followed by a spasm. She was sleeping when I saw her; the breathing stertorous; pulse 85, and full; the jaws are open about a quarter of an inch, and slightly moveable. Ordered a blister to the spine, in consequence of some



remaining pain, to be dressed with mercurial ointment, and a warm poultice over the dressings; the morphia to be resumed after the stertorous breathing passes off, in doses of a quarter of a grain every two hours.

1, P. M.—No spasm since morning; has slept soundly. At 2 o'clock, before I left the house, she had three slight spasms. Morphia continued, with two drops of croton oil, to be repeated if necessary. Vomited after taking the oil, which was then repeated, dose two drops. The vomiting produced no spasms. Feels a tingling sensation passing up from the extremities.

6, P. M.—Has opened her eyes and spoken for the first time since her attack. The jaws are relaxed and moveable. The blister drew well. Complains still of pain shooting from the sternum to the spine. She says that, "until the ice was applied, this pain was terrible." Is hungry; has eaten some cracker grated in chocolate; has used wine, beef-tea, and arrow-root jelly, to support her strength. No muscular twitchings. She breathes and swallows easily; says her heart jumps a good deal yet. Her eyes are open, but she cannot see. Morphia in small doses until sleep is induced.

7th. 8, A. M.—Rested well last night until 1 o'clock, when she had slight spasm; moving her to the bed-pan produced two others. She speaks distinctly. The jaws are relaxed; the eyes open, but she can see nothing. Pulse weak. Ordered wine freely; and as the bowels had not yet been moved, one drop of croton oil was given. Complains of pain in the jaws; a few doses of morphia ordered, quarter of a grain each.

4, P. M.—Escaped the 2 o'clock spasm to-day for the first time. Slept from the morning visit. The bowels not yet moved. Ordered, of a mixture consisting of equal parts of the spt. turpentine and castor oil, two tablespoonfuls in a cup of starch water, to be given as an injection every hour.

8th.—Has had but one spasm since yesterday at 4 o'clock, and that was produced by giving an injection. Three injections were given, by which two copious evacuations were procured. The catamenia came on with the alvine evacuations; and it is to be noted, that her regular and healthy menstruation had ceased naturally two days before the tooth was broken. She complains of pain in the temporal and masseter muscles; talks distinctly and lies quietly.

5, P. M.—Had one slight spasm at 1 o'clock. Has been moved without inconvenience. Sleeps well. Can now distinguish light from darkness. The menstrual discharge continues. Morphia to be discontinued, as it sickens; spt. nit. æther to be given freely, and the morphia to be resumed should spasms threaten. Pulse 80 and full; the jaws open; the tongue benumbed; she says it felt very much swollen in the early part of the disease, and that she could always tell when the spasms were approaching by the gradual coming on of numbness of the tongue; and that the numbness would begin at the root, and when it had reached the point, the spasms would attack her.

9th. 10, A. M.—Has had no spasm since yesterday; one very offen-

sive evacuation from the bowels ; the menses decreasing. She raved very much last night, but was thrown into a very sound sleep by three teaspoonfuls of laudanum. Has slight pain in the jaws and head ; the eyesight improving ; pulse good.

I have taken notes up to the 14th of February, but as nothing of any importance occurred, it is unnecessary to continue them in detail. Suffice it to say, that on the 11th the menses stopped ; on the same day a quantity of blood and mucus passed from the bowels, after two or three very severe pains, and about an hour's sickness ; and on the same day the eyesight was completely restored. On the 12th there was a threatened relapse, in consequence of catching cold ; this was easily arrested, and under generous diet, and great care from her nurse, she rapidly convalesced from this time, though months may be required before she recovers her wonted strength and spirits.

*Remarks.*—There are some things in this case worth noting. The loss of sight was something that I had never read of as occurring in this disease. The spasms, from the first day I saw her, affected the fingers, hands, face, throat, breast, back, abdomen and legs ; they were so severe, that four men were required to hold her upon the bed. There was abdominal hardness ; severe opisthotonos ; and pain from the sternum to the spine. To me, having seen several and always fatal cases of this kind, the action of the ice was perfectly astonishing ; it produced almost immediate relaxation of tonic rigidity, and a remission of spasmodic action beyond my most sanguine expectations. Had the ice been applied when the patient was first attacked, I believe she would have been spared a great deal of suffering. She says that when the ice was applied to the spine, it occasioned a delightful feeling of relief, as if an enormous weight was removed from her breast ; and that when the spasms came on during the time that the ice was applied, they caused her but trifling pain compared with what she had previously endured.—*Medical Examiner.*

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#### SOME OF THE CAUSES AND SOURCES OF ERROR IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

As long as human nature remains the same, like causes under like circumstances will produce like effects. Accordingly, the same *causes and sources of error in medicine* that obtain at the present day, prevailed in ancient times, or rather have prevailed in all ages. We shall make it our object, however, in the present essay, using as much brevity as possible, only to take notice of the most prominent and prevalent *causes of error in medicine* at the present day and time ; and this we shall do for the purpose of guarding people in general from any mistaken confidence in, or reliance upon, those who are more learned and scientific, and from whom better things might be expected. We may be singular whilst we candidly acknowledge it as our opinion, that the medical practitioner will suffer no real disparagement or disadvantage by always consenting to be received by the public according to his *real merits*. Owing to this be-

lief, we shall devote this essay (though not a long one) to a consideration of some of the *errors* into which the well-educated physician may fall.

I. *The use of improper Language is a Source of Error.*—The progress of medical knowledge has doubtless been aided very much by the use of certain terms and phrases, borrowed from the ancient and modern languages; and particularly from the ancient Latin and Greek, and the modern French and German. But this advantage, however desirable, has often been the source of very great error. But the idea which we wish to urge, in speaking of the use of improper language, is, that physicians themselves, in treating upon subjects that are far from being difficult or obscure, not unfrequently make use of language which is unintelligible to most persons; and whether their own views are correct or incorrect, the consequence is, that people are led into error. On the other hand, when they attempt to treat upon subjects confessedly difficult and obscure, the language they use is alike calculated to confound and mislead the people. We are pleased, however, to recognize but few in the profession, who, in so doing, appear to be actuated by any evil design; whereas, such is the *very language* preferred by the *quack* in order to accomplish his destructive purposes. Nothing is more manifest than that the description of the symptoms of a disease, to be of any great use, should be couched in the plainest and most familiar language, instead of that labored, involved and careless phraseology that we often meet with. The *states of the pulse*, for instance, are often described in the use of language so highly *figurative* as to become a constant source of error. We hear of its being hard and soft, and wiry and corded, and suffocated, and what not. The same remark may also be made concerning a description of the appearances of the tongue and of the various secretions of the human system. But we have little reason to look for anything better in this matter (although we consider the English language susceptible of it) until physicians in general feel it to be their duty to keep a more intelligible and faithful record of the various cases that occur in their practice.

II. *An Improper Regard to the Authority of Professors of Medicine is supposed to be a Source of Error.*—The author of the introduction to the American edition of Gregory's Theory and Practice, whilst treating upon this subject, says—"It is necessary that authority should have weight." This is not denied, but it should be well remembered that the *necessity* he speaks of, always grows out of that truth and matter of fact, that are the basis of all just authority. It is also to be remembered, that the evil complained of, always arises from a tame submission to a mere *say so*, without making a proper inquiry into the truth or fact of what is advanced. There are people, old and young, who are manifestly incapacitated to judge for themselves in matters of importance, and whose fickleness is so proverbial, that we do not wonder at their yielding up their judgments entirely, to those who profess to teach or to guide them. With these persons an over-quantity of pride and vanity, arrogance and self-sufficiency, will invariably pass current, without impairing the



authority of the teacher at all ; and consequently we must expect that both teacher and hearer will fall into the ditch. Truth never was, and never will be, the natural or genuine offspring of an arrogant, boastful and hasty spirit. And this is one capital reason why quackery has so little truth to boast of.

The evil complained of above is not really so extensive at the present time as some suppose. It is remarked of those young men in general, whose minds are so susceptible of imbibing the peculiar doctrines or dogmas of their professors, and of following them implicitly, that very soon after they have quit the schools and mingled with the world, their tenacity to particular theories and dogmas begins to be gradually weakened, and they uniformly find themselves thrown upon their own observation and upon matters of fact. Not so with the quack. He is never candid, nor is he honest. Instead of submitting to facts, as they occur and operate against his theory, he ingeniously contrives to make every fact bend to his theory.

III. *The adverse and contradictory Opinions of Professors are considered a Source of Error.*—As long as the subject matter in dispute remains undecided, and the disputants are disposed to contradict each other with vehemence, those who ardently espouse either side will most certainly go to an extreme and fall into error. The heat of passion and the force of prejudice, on the part of both teacher and follower, will contribute largely towards confirming and riveting them in the belief of the error. Whatever advantage may arise from contentions of this sort, there is still little doubt but that some very great errors will be the consequence ; and nothing but a return to that candor which is essential to a thorough examination of both sides of the question, will be sufficient to retrieve the disputants from the error. But candor is not a virtue peculiar to quacks. The quack disdains to examine both sides of the question. The opinions or principles he embraces at the commencement of his career, seem to be coeval with his existence, and the tenacity he manifests is as universal as it is lasting and wonderful. When by way of alarm or from some other cause, he is induced to give up the practice, he still adheres to his principles.

*Fashion*, at the present day and in our own country, seems to exercise but a very limited sway over practitioners of any note, and although she may cause some few among us to fall into error, yet she finds that these few soon discover their mistake and retrieve their steps. But the quack sees no danger, and worships the goddess without reserve ! Indeed, it is the wish and prayer of every quack, that the nostrums of quackery may become so fashionable and common, as to root out all other means and medicines, and that the profession itself may become so unfashionable and unbecoming as to retire and vanish away.

IV. *Planetary Influence has heretofore been a Source of Error.*—This we should not have mentioned, were it not a fact that some physicians among us are disposed to let their prejudices carry them so far as to reject all planetary influence. Too much has doubtless been conceded heretofore to the influence of the planets, and particularly the

moon, and some great men have fallen into the grossest errors; and yet we are fully of the opinion, that the contrary extreme, viz., an entire rejection of all planetary influence, is in like manner a source of considerable error, and indicates, to say the least, a culpable want of astronomical knowledge, or rather a culpable inattention to the causes or sources of atmospheric vicissitudes.

V. *Under this Head we shall barely mention two or three Subjects that are Sources of considerable Error at the present day.*—The manner in which the dispute about malaria is conducted, seems calculated to confirm the disputants in a particular belief in relation to the marsh poison. Many physicians enter upon this subject with great ardor, and from the best of motives, but for want of candor, and for want of industry in the collection or induction of facts, they leave it as much in the dark as they happen to find it. One man bends his whole strength towards establishing the point, that malaria arises altogether from vegetable decomposition, and denies that there is any animal matter concerned in it. Another is equally urgent for the fact, that there is no marsh poison generated or received without animal putrefaction.

Again, some physicians there are, though not many, at the present day, who have embraced the notion that there is no such thing, strictly speaking, as an *idiopathic* or *primary disease*; and consequently that all diseases are *symptomatic*. There are also those who deny that there is any such thing as a *self-limited disease*, and seem inclined to call in question the use of the term; but so long as they persist in this, or the former, belief, they must inevitably fall into errors of a serious kind. The quack, in order to be consistent, must of course deny that there are any self-limited diseases, because he boasts of the honor of controlling or cutting short all diseases, and that, with simple remedies. But the crime or fault of using a complication of remedies can no more be chargeable, at the present day, upon the well-educated, than upon the quack. It is often remarked that physicians, as they advance in life and grow old in practice, are inclined more and more to simplify their remedies.

VI. It is said that *errors have arisen from attempts to explain the phenomena of the human system by subjects with which the mind is familiar*. So far, however, as we have observed, little danger need be apprehended from this quarter. The professed physician in this country, is seldom a profound mathematician, for instance, and is not at all likely to introduce much of that science into medical inquiries. If anything, we should say, that mathematical knowledge, so far as it has been applied to the subject, has proved a handmaid to medical inquiries. Natural philosophy and chemistry have never failed to contribute their share in the same respect. It may be thought that the use of galvanism in medicine may have led some to believe that the nervous energy and the galvanic are precisely the same. But we are sure that there is nothing wanting in this case, but a little of the above-mentioned excellent quality of candor, in order to give the tremendous battery its proper place, and determine all its just demands.

## AN OBSTETRIC CASE—ARM PRESENTATION.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT thirty years since, I was called to the town of Wardsboro', Vt., to a case of incarcerated hernia, where I remained three days before it was reduced, when at last the reduction was effected by the help of a tobacco injection, administered while the patient was in a warm bath. While detained there, for the above purpose, I was called to a woman in the neighborhood, in labor, under the following circumstances. The labor commenced on Monday, when a female accoucheur was called in. On the Thursday night following, a physician of the place was called. On Friday, near noon, I was sent for. I found the patient, who was a very robust woman, with very strong and unremitting uterine contractions, forcing the fœtus very firmly within the pelvis and fixing it there, the scapula presenting and nothing else within the reach of the finger, the arm that presented having been amputated at the shoulder. The emergency seemed to be exceedingly trying. The fœtus could not be moved by any force that prudence would allow to be tried. How could the fœtus be dissected, with no part of it to be got at but the scapula? What, in short, could be done for the woman's relief? Such were the agitating inquiries which, for a few moments, occupied and distressed the mind. But soon, however, I hit upon the following expedient. I requested the attending physician to open a vein in the arm; to make a large orifice; while I would remain in a position ready to take advantage of any favorable circumstance that might enable me to turn the child. The vein was opened as I desired, and the blood flowed from it rapidly. Fainting soon commenced, and with it a relaxation of the contractions. By applying merely a finger under the edge of the scapula, and afterwards between the ribs, and pushing with it in the direction of the child's head, an evolution was accomplished and the breech came down. I got hold of a foot, without difficulty, and the delivery was soon accomplished, to the joy of all concerned. I had been in the house but a single hour, yet nothing was done in a hurry. Such a case demands the calmest deliberation of which one is capable.

JOHN BROOKS.

*Bernardston, Ms., May 18, 1846.*

## REPORT OF THE FRENCH COMMITTEE ON THE PLAGUE.

[THE following are the conclusions of the report which has lately been presented by the plague committee to the Paris Academie de Médecine.]

"1. The plague has been seen to arise spontaneously, not only in Egypt, in Syria, and in Turkey, but likewise in a great many other countries of Asia, Africa and Europe.

"2. In every country in which the plague has been observed to arise spontaneously, its development may, with reason, be attributed to determinate causes acting on a great portion of the population. These causes are, particularly, dwelling on alluvial soils, or on marshy lands near the



Mediterranean sea, on near certain rivers, such as the Nile, the Euphrates and the Danube, low, badly-aired houses, a warm and moist air, the action of animal and vegetable matter in putrefaction, unwholesome and insufficient food, and great physical and moral suffering.

"3. All these causes being united every year in Lower Egypt, the plague is endemic in that country, where, almost every year, it is seen under the sporadic form, and every ten years under the epidemic form.

"4. The absence in ancient Egypt of every pestilential epidemic during the long space of time that an enlightened and vigilant administration and a good sanatory police had contended victoriously against the causes productive of the plague, justifies a hope that the employment of the same means would again be productive of the same results.

"5. The state of Syria, of Turkey, of the regency of Tripoli, of that of Tunis, and of the empire of Morocco, being nearly the same at the period when the epidemy of the plague has shown itself spontaneously, nothing authorizes a belief that similar epidemics should not again appear there.

"6. The spontaneous plague appears not to be apprehended for Algeria, because, on the one hand, the Arabs and the Kabyles living, the one under a tent, and the others in places situated either on the summit or on the side of a rock, cannot engender disease; and, on the other hand, because the draining of several tracts of marshy land, and the truly remarkable improvement introduced in the organization of the police in the small number of towns existing, appear to afford a sufficient guarantee against the spontaneous development of the plague.

"7. The progress of civilization, and a general and constant application of laws respecting good health, can alone supply us with the means of preventing the development of spontaneous plague.

"8. When the plague has raged with violence in Africa, in Asia, and in Europe, it has always shown itself with the principal characters of epidemic maladies.

"9. The sporadic plague differs from the epidemic plague, not only on account of the small number of persons attacked by the malady, but particularly because it does not present the character belonging to epidemic maladies.

"10. The plague is propagated in the same manner as most other epidemic maladies—that is to say, by the air, and independently of the influence which persons attacked with the plague may exercise.

"11. The inoculation of the blood drawn from the veins of a person affected with the *plague*, or from the matter of a pestilential bubo, has furnished but equivocal results. The inoculation of the serous matter drawn from the gangrened ulcer of a person suffering under the plague, has never given the plague; it is not, therefore, true that the plague can be transmitted by inoculation.

"12. An attentive and strict examination of the facts contained in scientific works establishes, on the one hand, that in the focus of the epidemic the immediate contact with thousands of pestiferous subjects has remained without danger to those who have suffered it, with free air, or

in well-ventilated places, and, on the other hand, that no strict observation demonstrates that the plague can be communicated by contact alone with the diseased.

" 13. Numerous facts prove that the clothes which have been worn by infected persons, when made use of by other persons, have not communicated the disease, although they had not undergone any kind of purification.

" 14. That the conveyance of plague by means of merchandize, in countries where the plague is endemic or epidemic, has been in no way proved.

" 15. That the plague may be conveyed into epidemic places by the vapors which the infected exhale.

" 16. That it is an incontestable fact that the plague may be conveyed out of epidemic localities, be it on board vessels at sea, or in the lazaretto of Europe.

" 17. Nothing proves that the pest is transmissible out of epidemic places by the immediate contact of the infected.

" 18. It is not proved that the plague is transmissible out of epidemic places by clothes which have been used by infected persons.

" 19. It is in nowise proved that merchandize can convey the plague out of epidemic places.

" 20. The distinction made in our lazarettos between susceptible and non-susceptible objects, does not rest upon any fact, or upon any experience deserving of confidence.

" 21. The study of the means by the aid of which it is sought to destroy the pestilential principle supposed to be contained in clothes or merchandize, is, and ever will be, wholly without its object, so long as the presence of the principle is not proved.

" 22. The plague may be transmitted out of epidemic localities by means of miasmatic infection—that is to say, by the air being charged with pestilential vapors.

" 23. That the plague is more or less transmissible, according to the intensity of the epidemic, according as it may be in its first, second or third stage, and, lastly, according to the organic dispositions of the individuals submitted to the action of the pestilential vapors.

" 24. That infected persons, by rendering the air of the localities in which they reside unwholesome, may create a focus of pestilential infection capable of transmitting the disease.

" 25. That such places may retain the infection after the infected persons have been removed.

" 26. That the infection, once established on board a vessel by the presence of one or more infected persons, may be conveyed to great distances.

" 27. That the moving centres of infection cannot become the cause of secondary centres, and, consequently, of an extensive propagation of the malady, except when they encounter, in the countries into which they are transported, the necessary conditions for the development of the plague.

"28. That the usual period of the incubation of the plague is from three to five days ; that the length of the incubation appears never to have exceeded eight days."

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JUNE 10, 1846.

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*Medical News.*—All classes of people, as a general thing, are on the *qui vive* for something new, and thus it has become interwoven with the compliments of the day, to inquire the news. It is certainly to a great extent so, with the professors of the art medical. A journal is stale reading that does not announce some astounding intelligence ; and that is a dull book, however recently from the press, if it has not the elements of excitement in its composition. An ordinary operation in surgery is very unsatisfactory in these days of wonders. Nothing short of something as desperate as lithotomy, terminating no matter how, provided it is terrible—the tying of an artery never before attempted, or excising a tumor larger than ever before detached from a living human body, is sufficiently entertaining to many readers of medical periodicals. A quiet and simple description of the best method of doing a very common piece of professional service, finds no favor with certain eager eyes. Because this love for the marvellous prevails so extensively among the profession, there must necessarily be some very superficial medical and surgical advisers in the community. And till industry in study becomes fashionable with those who are constantly in pursuit of some new thing, the profession must suffer in character from the superficial attainments of many who would have been more at home in some less responsible calling.

Those who conduct medical journals are frequently driven to the wall for materials of proper value. We are wondering sometimes what we shall find next of sufficient interest to keep the pages full. Then again there is a perfect surfeit of manuscripts, of a gratifying length and character, with foreign and domestic news from other sources. But under the best possible state of the medical world, it is one of the difficulties of an editorial life to ascertain what will do and what will not. Exciting topics, brilliant essays, splendid operations, successful treatment of anomalous diseases, and other great doings, cannot, in the nature of things, always be at hand. If it were possible to keep the reader continually in a feverish excitement by the presentation of novelties, it is questionable whether any real or lasting benefit would be realized by it.

We beg our readers to keep in recollection that it is a matter of ambition with us to herald forth, seasonably, whatever comes to us, worthy of attention ; and if those who complain of a want of variety, or of new and astounding achievements in the Journal, would favor us occasionally, during the ensuing hot days of summer, with details of their own daily practice, there will be no lack either in variety or importance in our pages. Those who perceive intuitively just what is wanted, might assist, by lite-



rary efforts, at convenient times, in giving a permanent relief to ourselves and others at particular seasons of dearth or dulness.

*The Animal Kingdom.*—Having been furnished with the first volume of Swedenborg's celebrated treatise on the Animal Kingdom, considered anatomically, physically and physiologically, we are prepared to speak of the work as it now stands before the reading world, uninfluenced by the opinions of the author's admirers, or his literary, scientific, or religious opponents. The notice of the second volume, some weeks since, previous to the first, was a matter of necessity, not of choice, as the first could not then be procured. On the whole, we are inclined to the opinion that something was gained by that course, since the text has been traced back with quite as much care, if not more, than is customary in following a bold thinker from his alpha to omega.

Swedenborg has collected together the various facts brought to light by the anatomists of his time, and presents analyses of their labors. But before giving an opinion, he first exhibits the results of the researches of the highest class of minds, of that day, in the particular department which he subjects to the fiery furnace of his own masterly powers of analysis. If others have been less gratified in reading Dr. Wilkinson's beautiful edition of the animal kingdom, translated by himself, than ourselves, it must be that they have not discovered how much and in how many ways Swedenborg actually anticipated some of the modern book manufacturers, who claim distinction on the score of suggestions or discoveries, that are as old as his Latin manuscripts. There is not so much attention given to the philosophical disquisitions of Swedenborg as they merit. Perhaps this is to be imputed to prejudice on account of his theological views, and the doctrines he promulgated respecting a new system of divine revelation.

An opening prologue to the 1st volume of the *Animal Kingdom*, is a beautiful specimen of refined reasoning, and of itself would be no mean exhibition of intellectual strength. This volume is composed of sixteen chapters, which embrace the anatomy and physiology of the tongue, lips, mouth, palate, salivary glands, pharynx, œsophagus, stomach, intestines, mesentery, lacteals, thoracic duct, lymphatics, glands, liver, gall-bladder, pancreas, spleen, omentum, kidneys, ureters, bladder and peritoneum. To qualify himself to write on the structure and functions of these organs, he studied all the authorities extant, which are quoted in full, and his own opinions and conclusions are annexed, at the close of each discourse. Accompanying the detailed quotations, there are notes and comments in such abundance, that we are positively amazed at the prodigious amount of Swedenborg's chirographical industry, independent of the mental exercise that must have preceded it. There are no such scholars in Europe now. Are there any in the world?

With much pleasure to ourselves, we might pursue the inquiry into the claims of Swedenborg as a discoverer, but it would become tiresome to those who have not yet seen this remarkable book. Without fear of contradiction, we honestly say that Swedenborg, as a physiologist and natural philosopher, is either not known or appreciated by those who have access to his works, or a studied injustice still keeps him from being acknowledged, universally, one of the most extraordinary men that has appeared since the dawn of true science.

*Trismus Nascentium*.—J. Marion Sims, M.D., of Montgomery, Ala., is the author of an article on this subject, that appeared in the American Journal of the Medical Sciences, but is now stitched in a pamphlet, with a title page and two good plates. Since its first appearance, the author says that he has met with several cases of lock-jaw in infants, confirmatory of his views of the pathology and treatment of the disease, which may hereafter be found in the Journal in which the essay was first published. In some sections of South Alabama, the frequency and fatality of trismus nascentium, says Dr. Sims, are almost incredible. He has heard of one gentleman who lost five or six negro children in as many months; and of another, who lost sixteen in less than a year. The gist of the whole is finally compressed into a few simple directions, which should be made known wherever the existence of the painful malady is recognized. The planter has only to provide a nice, soft pillow of feathers for each infant, and give the mother or nurse directions to keep the child on its side on the pillow, changing sides occasionally, but never allow it for any time to remain on its back. "Follow this simple direction," he says, "and, my word for it, in a few years our knowledge of this disease will be almost wholly confined to its past history."

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*Magnetic Ointment*.—One of the very last impositions under the semblance of medicine, is the *magnetic ointment*. As in the case of other patent drugs, death quails in its presence; nothing in the shape of disease has any sort of chance under its potent sway. It is applied homœopathically—three drops at a time. Rheumatism, tic douloureux, abscesses, burns, and deep-seated affections in the liver or stomach, succumb to this king of unguents. In fine, it beats the zinc rings, out-does Brandre h's pills, and, according to the certificates of Ruggles & Co., is the all-healing balm for the physical disabilities of the natives of the whole earth.

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*American Journal of Homœopathy*.—A new periodical, devoted to the promulgation of homœopathy, and to recording its achievements, has appeared in New York, under the editorial care of Drs. Kirby and Snow. It is not time yet to determine how successful they may be in the enterprise. There is an energy of style and an earnestness discoverable in the leading articles, that should characterize such a publication. It is published every two weeks, at one dollar a year. No. 3 contains a full catalogue of the members of the late national convention of this order of practitioners, held in New York. Edward Bayard, M.D., is to address the institute at the next annual meeting, to be held in Boston, on the second Wednesday in June, 1847—and not in May, as stated in a late No. of the Journal—an error made in a daily paper from which the mistake was copied.

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*Medical Miscellany*.—A young sailor, of 16, at Havre, France, is represented to give electrical shocks, like a torpedo.—The grippe, the precursor of cholera, a kind of jackall to the lion, has appeared at St. Petersburg.—A decree has been published by the Sultan of Turkey, that the dead bodies of female slaves shall be given up for dissection. The first was recently put upon the table at Golata, in presence of a large assembly of Turks—all astonished, of course.—Dr. Lowe is president of

the convention now in session in Iowa, to frame a constitution of the proposed new State.—A few drops of the oil of winter green, on ice cream, caused the death of a young man in New Haven.—Mr. Charles Hughes, of Alabama, died recently at the age of 112, in full possession of all his powers.—Dr. Wm. L. Van Horn came home Surgeon of the U. S. ship Yorktown, from Africa, and Dr. L. J. Williams Assistant.—Influenza, the forerunner of the cholera, has appeared at Berlin, in Prussia.—The Journal des Debats advises a relaxation of the quarantine laws, as the only means of retaining any portion of the packet traffic through the Levant.—An epidemic has broken out among the horses of the Lancers, in London.—A case of yellow fever has appeared at Barcelona, said to have been carried there from Cape de Verdes.—Dr. Milligan, now residing at Constantinople, who was Lord Byron's physician, is desirous of returning to England on some domestic business, but the Sultan's mother, who is an invalid, is unwilling to part with him, and has written a letter to Queen Victoria about it.—A Mrs. Wright is lecturing in Boston on anatomy and physiology, to ladies.

TO CORRESPONDENTS.—Two articles on Homœopathy are on hand, and will be inserted, one of them probably with some abbreviations.

MARRIED.—At Edgartown, Mass., Dr. J. E. T. Gage to Miss J. Cook.—At Warren, Ohio, Dr. Warren Iddings to Miss L. Webb.

DIED.—At Clinton, N. Y., Dr. Sewall Hopkins, 76.—In Westfield, N. J., Dr. Geo. W. Coe, 23.—At Richmond, Virg., Dr. Geo. W. Spaulding—by taking prussic acid—23.—At St. Augustine, Dr. John H. Brush, of New York, 27.—At Dublin, April 2d, George Green, M.D., Queen's Prof. of the Practice of Medicine.—Feb. 2d., at the early age of 26, John Jones Davies, M.D., Lecturer in Mr. Dermott's School of Medicine.—Feb. 12th, Geo. Wm. Lefevre, M.D., late physician to the British Embassy at St. Petersburg.

*Report of Deaths in Boston*—for the week ending June 2d, 56.—Males, 38, females, 18. Stillborn, 10. Of consumption, 16—measles, 8—smallpox, 2—typhus fever, 3—lung fever, 5—apoplexy, 1—convulsions, 2—cholera infantum, 1—disease of the heart, 1—teething, 1—debility, 1—tumor, 1—palsy, 1—drowned, 2—inflammation of the lungs, 1—delirium tremens, 2—dropsy on the brain, 1—inflammation of the bowels, 2—infantile, 2—throat distemper, 1—croup, 1—scarlet fever, 1.

Under 5 years, 25—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 9—over 60 years, 2.

#### REGISTER OF THE WEATHER,

*Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.*

| May. | Therm.        | Barometer.          | Wind. | May. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 56 to 62 | from 29.10 to 29.12 | S W   | 17   | from 60 to 77 | from 29.50 to 29.60 | S W   |
| 2    | 56 57         | 29.07 29.08         | N E   | 18   | 56 74         | 29.20 29.38         | S W   |
| 3    | 56 72         | 29.12 29.31         | N E   | 19   | 37 53         | 29.32 29.33         | N W   |
| 4    | 57 75         | 29.38 29.40         | N E   | 20   | 38 64         | 29.10 29.31         | S W   |
| 5    | 49 79         | 29.30 29.38         | S W   | 21   | 42 63         | 29.19 29.46         | N W   |
| 6    | 47 57         | 29.30 29.40         | N E   | 22   | 37 70         | 29.58 29.62         | S W   |
| 7    | 38 58         | 29.40 29.46         | N E   | 23   | 49 58         | 29.38 29.59         | S E   |
| 8    | 45 70         | 29.41 29.45         | N E   | 24   | 56 72         | 29.38 29.40         | N E   |
| 9    | 53 57         | 29.21 29.40         | N E   | 25   | 54 72         | 29.36 29.45         | N E   |
| 10   | 52 65         | 28.66 28.90         | S E   | 26   | 55 80         | 29.29 29.32         | S E   |
| 11   | 43 50         | 28.61 28.82         | N W   | 27   | 52 56         | 29.24 29.32         | N E   |
| 12   | 37 57         | 28.89 29.07         | N W   | 28   | 51 56         | 29.19 29.21         | N E   |
| 13   | 38 66         | 29.33 29.38         | S E   | 29   | 50 55         | 29.20 29.22         | N E   |
| 14   | 58 74         | 29.46 29.54         | S W   | 30   | 48 54         | 29.23 29.33         | N E   |
| 15   | 59 70         | 29.54 29.54         | S W   | 31   | 49 55         | 29.35 29.40         | N E   |
| 16   | 59 71         | 29.56 29.59         | S W   |      |               |                     |       |

This month has been one favorable for the growth of vegetation. A good quantity of rain has fallen, but the earth has not been yet fully saturated, the previous months having been dry. For the last nine days the wind has been N. E. and the season gloomy. May 4th, Apples in blossom; 6th, Flowering Almond in blossom; 8th, Lilac in blossom; 11th, Tulips in blossom; 13th, Tartarean Honeysuckle; 14th, Fleur de Lis—Single Peony; 15th, Calicanthus; 16th, Geranium Maculatum; 17th, Russian Rose—Persian Lilac. Range of the Thermometer, from 37° to 80°. Barometer, from 28.61 to 29.60. Rain, 5.55 inches.



*Luxation of the Jaw.* By J. L. LEVISON, Esq., Surgeon, Brighton.—A short time since, a toothless old gentleman, of a highly nervo-bilious temperament, consulted me, to use his own phraseology, “to know what he should do to prevent his jaw coming out of its place:” thus rendering it evident that he was subject to a luxation of the jaw. On further inquiry, I ascertained that he was only affected on the left side; for he said, “Sometimes I wake up with my lower jaw pushed on the right side, where it is fixed, and I am rendered incapable of making myself understood, from a difficulty, under the circumstance, to utter articulate sounds.” After a great amount of painful suffering, particularly near the left ear, he continued “to pull his jaw—to press it backwards, when, after about a half hour’s work, bang it seemed to go, and all was right again,” excepting that the pain in the angle of the jaw would frequently remain for hours afterwards. From his active temperament he was always restless and fidgety, even during the few hours he slept at night, or when taking his afternoon’s nap, which were the times that the luxation occurred; usually it was just when in the act of waking, and at other times the annoyance was great from the dread of its recurrence. Having suggested the following simple contrivance, it is some satisfaction to me to mention that it has answered the purpose contemplated.

In my own experience I have invariably found that when a luxation occurs, whether from an excessive fit of gaping—from opening the mouth to have a back tooth extracted—or from the loss of teeth, so that the jaws cannot be properly antagonized (as in my present case); in all such instances there is a tendency to a repetition of the annoyance, but which might be obviated by the plan alluded to above, and which I shall now describe. A flat band, composed of four layers of wash-leather, is accurately measured to the under part of the chin, with a cap to fix on the latter exactly, and so shaped as not to press on the trachea; and then it is neatly bound with ribbon. At one extremity there is a neat, small buckle, not sown on the edge of the band, but on the flat side, the corresponding extremity having a neat doeskin strap, by which it is fastened at the top of the head, after being placed on the chin. This contrivance may be worn with security and ease. But as a preventive against the instrument being forced off during sleep, two pieces of ribbon or strong tape are sown on it at each side, exactly under the ears, and then they are tied behind just under the occipital process.

It appeared to me in this case, with an upper jaw so much absorbed as to be considerably within the arch of the lower, the latter is, in consequence, so very much thrown forward, and the cheeks are so hollow, that such an instrument as that proposed by Mr. Fox, could not be depended on, whilst my own can be worn without any annoyance, and is quite secure.

Nature seems to have furnished a hint for such a contrivance, as may be observed when a severe fit of gaping is experienced after great watchfulness, the hand is placed under the chin with a corresponding force, and an instinctive confidence of its utility, just as if the anatomy and articulation of the jaws had been well understood.—*London Lancet.*

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*New Medical Works in London.*—The Hunterian Oration; with notes. By W. Lawrence, F.R.S.—Scrofula; its Nature, its Prevalence, its Causes, and the Principles of Treatment. By Benjamin Phillips, F.R.S.

THE

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DIET IN TYPHUS FEVER.

By John Dawson, M.D., Jamestown, Ohio.

ALL the distinguished medical men, from the remotest periods of antiquity, have been impressed with the importance of so managing the diet in fevers of all kinds, as to secure the greatest possible amount of good without producing any injury. Quite early the opinion became prevalent that, in the treatment of this numerous class of diseases, a vast amount of mischief was caused by the improper use of articles designed for nourishment. From frequently witnessing this result, some came to the conclusion, that success depended as much upon what was regarded as judicious regimen as upon medicine.

We will pass briefly in review some of the doctrines held by the ancients on this subject.

Hippocrates "On the Method of Diet in Acute Disorders," gives the foundation of all the correct rules which pertain to dietetics in the treatment of fever connected with a high grade of arterial excitement. And so much did he insist upon their strict observance, that his plan of treatment, by one (Asclepiades) has been spoken of "as merely a contemplation on death." Although abstinence was a favorite measure with the Father of medicine in commencing the treatment of what, in his day, were called *acute* fevers, he, nevertheless, says that "a diet which is a little too plentiful is much safer than that which is too sparing and thin." Celsus carried his opinions concerning the utility of regimen, perhaps, to an unwarrantable extent. In his judgment food seasonably given, according to Glass's quotation from him, is the best medicine in fever. Valentini also quotes him as saying, "*Multi magni morbi curantur abstinentia et quiete.*" Riverius was not behind his day in regard to this matter. "As for the point of nourishment," he remarks, "the diet ought to be thin and sparing in acute fevers. And therein the ancients were so severely diligent as to place the greatest part of the cure in ordering the diet." After this commendation of the plan of the ancients, he goes on to express himself in terms of censure concerning the customs of his own day: "But in our times, at least in our country, by the refractoriness of women, who fear nothing but that the sick persons shall be starved, as all their care in a manner is to cram their children with meat like pudding bags, how empty their brains of wit, or their hearts of grace and wisdom matters not; and the indulgence of physicians, who the best of them

smell too strong of the mountebank, it is grown into a fashion in all fevers, the most violent and acute, to allow the sick at all times broths of the flesh of hens, chickens, capons, and mutton."

The eccentric Van Helmont had his own notions about diet. He remarks: "This is the truth of diet which nature doth of her own accord show and teach, and let that thing be one perpetual, that whosoever hath obtained the best remedies of secrets, and he presently restoreth the sick, so also he prescribeth no other diet for sick than for healthy folk. For to the healthy all things are accounted healthy, because the digestive ferments do powerfully draw and restrain all things into their own jurisdiction. And so doth digestion prescribe the rules of diet."

Tissot, a French author of the last century, took very strong grounds in favor of abstinence in all kinds of fevers. "The most observing persons," he says, "constantly remark that when a feverish patient sups what is commonly called some good broth, the fever gathers strength and the patient weakness. The giving of such a soup or broth, though of the freshest and soundest meat, to a man who had a high fever or putrid humors in his stomach, is to do him exactly the same service as if you had given him two or three hours later stale putrid soup." After remarking that it is a very fatal prejudice, under which some labor, of trying to keep up the patient's strength by food, he adds, "the only things which can strengthen sick persons are those which are able to weaken their disease."

In his work "On Diseases of the Army," Pringle makes some very correct remarks in relation to the utility of a nourishing diet in putrid fever. He thinks the putrid diseases, so prevalent anterior to his time, were in a great measure suppressed by the introduction of sugar into general use, which he regards as a very powerful antiseptic. Huxham was also aware of the propriety of a nourishing diet in fever of a low grade of action. He says, "Indeed, as these fevers run very often out to a great length of time, supporting drinks and diet are necessary, without which the patients certainly sink under them."

Cullen notices the prevalence at various periods of putrid fevers, but gives little or no advice in relation to the diet proper in their treatment. Thomas objects to anything in the treatment of malignant and putrid fever, that would be calculated to sustain the system, unless there should be no congestion present.

Fordyce, in his Third Dissertation on what he calls regular continued fever, objects to the use of animal food in all varieties of fever. A very moderate use of farinaceous vegetables is all that seems to him necessary. He says, "If in health food of easy digestion is sufficient to maintain the powers of the body, it is certainly capable of maintaining them in disease, where from the facility of its digestion a greater proportion of it will be converted into chyle than of animal food of much more difficult digestion."

Such are the opinions which, anterior to the time of Armstrong, constituted the literature of dietetics in regard to fever. Hippocrates, Celsus, Riverius, Tissot, Fordyce, Cullen and Thomas evidently inclined to the



side of a spare diet in every variety of fever. Huxham and Pringle advocated the same plan in fever of much arterial excitement; but in the treatment of the epidemic putrid fevers of their day they recommended a nourishing diet from the commencement. So far as we know, they were among the first that succeeded in drawing the attention of the profession to the importance of this useful measure.

At the time that Dr. Armstrong wrote his work on typhus, abstractions from the vital current and everything calculated to waste the energies of the patient were looked upon by a large portion of the profession as being prejudicial in fevers of a low grade of excitement. The doctrines of Pringle and Huxham were regarded as being correct, and as being confirmed by the results of practice. The ingenious author, however, to whom we have alluded, gave a very unfortunate impulse to the depleting plan of treating typhus and all its allies. Congestion in some form or other, according to him, was the cause of all the debility and prostration incident to the complaint, and as a consequence the obvious remedy, with such pathological opinions, consisted in depletion general and local. The salutary suggestions of Huxham and Pringle were disregarded, and the disease was looked upon as being entirely menable to antiphlogistic remedies.

Current as this doctrine has been in Europe and America, it is destined to take its place among the things that are obsolete. Observing men everywhere are becoming satisfied that it is wrong in theory, and wrong in practice. Since the cholera made its appearance, continued fever of every variety is most successfully treated by abstaining as much as possible from free sanguineous evacuations; and by adopting, in everything like typhus, the feeding plan of treatment. This is the testimony of those well qualified to judge, having charge of European and American hospitals; it is also the decision of the skilful part of the profession throughout the country. A question might here be started, whether or not febrile diseases have undergone any material change since the advent of the notorious and fatal pestilence to which we have alluded? As all know, such epidemics do work their impression upon, or modify in some way or other the diseases that succeed them. From the fact, nevertheless, that the correct doctrine relative to adynamic fever obtained, and was successfully tested by practice, anterior to the advent of the cholera, there is good reason for supposing that it is now what it always has been.

We have premised these remarks on the doctrines of the ancients for the purpose of more particularly adverting to the use of food in the treatment of what in our country is called *epidemic typhus fever*. Between the ancients and moderns there is no difference as it regards the propriety of abstinence, or a spare diet, in continued fever connected with a high grade of arterial excitement, formerly called acute fever. The teachings of the Father of medicine in regard to such are as valuable as any that have ever been delivered; and are as current at the present time as they were in the days in which the Coan philosopher flourished. Our object is to call the attention of the profession to the sustaining, strengthening plan

of treating all febrile disorders in which, from the beginning, there appears to be atony of the principal functions of life.

It may not be out of place here to submit some of the considerations upon which this plan is founded.

In prescribing diet for any malady it is certainly not far wrong to pay attention to some of the features of its pathology, its duration, mode of termination, &c.

In the class of disorders of which we are about to speak, viz., the putrid fever of the ancients; the hospital, jail or camp fever of Pringle; the nervous fever of Huxham; the typhus of Armstrong; the adynamic gastro-enteritis of Broussais; the typhoid of Louis and Chomel; the follicular enteritis of Andral; the dothineritis of Bretonneau, and the epidemic or winter typhus of American writers, there is, among other things, a well-marked tendency in the system to debility, marasmus, and disorganization of the tissues. The debility is seen in the general prostration, the weakened action of the heart, the impaired condition of innervation and in the diminished amount of the secretions. Rapid wasting of the tissues is a very conspicuous phenomenon from the commencement. As is well known, this morbid action extends to every organ and tissue of the system, unless the gelatinous and osseous be exempt, and these certainly are found less altered after an attack of typhus than other parts. By far the greatest change is witnessed in the muscular tissue, and in the adipose deposit. Here from the first onset the phenomena of emaciation are conspicuous, and often continue until the patient is reduced to the condition of a skeleton. More or less disorganization denoting the weakness of the vital force, is present in every case of anything like an aggravated character. Hemorrhage beneath the cuticle (*petechiæ*), from the gums, alimentary canal, or the air passages, is of common occurrence. Vitality in certain parts of the body at times becomes extinguished, and pieces of flesh mortify, drop out, and thus give rise to ulcers. Besides the alterations in the solids, the blood in disorders of this class is diminished in quantity and depraved in quality. It contains, according to Andral, no spontaneously coagulable matter, is deficient in fibrin and globulin, and presents on inspection a dissolved, putrid appearance.

An enlightened system of dietetics, we think, should take into consideration the *duration* of the malady. In fevers that run their course in a short time the importance of this remark is not so obvious, as in those that are very protracted. As a general rule, the malady before us lasts from seven to twenty-eight days. Prevailing, however, in the form of an epidemic, it has a certain cycle of changes through which it will run, and from which it cannot be moved, that in a majority of cases have something like a fixed duration. Very often this exceeds the time at which, in health, without food, starvation would occur. This event we know depends to some extent on the amount of fat in the body, the presence or absence of water, and the degree of motion, voluntary and involuntary, to which the system is subjected. In the complaint under consideration there is reason to believe that it would take place much earlier than in health. The functions of respiration and circulation are increased so

much in activity, that there is more oxygen admitted into and transmitted through the system, than in health. This never passes out of the system unchanged ; hence the secondary or destructive assimilation, the process of waste, is augmented, as is seen in the rapid emaciation, to furnish the materials with which the oxygen is found combined in the various excretions. Attended, therefore, with such circumstances, there is certainly propriety in carefully noticing the duration of the affection, in order that a kind of food may be provided sufficiently nourishing to sustain the patient until the disease has run its course.

Another view may be taken that seems, in our estimation, to make a timely and judicious administration of nourishing substances proper. We allude to the agency of food in obviating *complications*. All know that inflammations, complicating disease, arise in very opposite conditions of the system. We find them occurring with as much facility in typhus, as in synochus ; and it would perhaps be safe to remark, that the more a patient is debilitated the more danger he is in from complications of an inflammatory nature. If this position be correct, things having a tendency to keep the system from sinking into a state of prostration, and the avoidance of whatever is calculated to waste the strength of the patient, merit some attention as the means of averting what, oftener probably than the disease itself, causes a fatal issue.

From such views the sustaining plan of treatment seems most entitled to confidence ; but some things, it must be remembered, look plausible in theory which in practice are found to be defective ; we do not believe, however, that this is the case in the matter under consideration. Better success will be found to attend the course just mentioned than has attended any other to which the malady has, as yet, been submitted. We shall now proceed to a brief detail of the means proper for carrying this plan into execution.

In making a selection of food it should be recollected that the indications will be best fulfilled by articles digestible, containing a large proportion of nutritious matter, the elements of respiration, and, as far as practicable, those most adequate to exercise an antiseptic influence. As has previously been shown, animal matter contains the greatest proportion of nutritious principles, is least combined with adventitious substances, is as readily assimilated as other kinds of food, and has a composition identical with blood. Possessed of such qualities, it must undoubtedly take the first rank as an available agent in the process of nutrition. In the preparation of the food, of course it should be reduced as nearly as possible to the fluid form. Tea, made from the fleshy parts of mutton, beef, or from fowls, answers a very good purpose. Analogous to these, and perhaps equally valuable, are eggs slightly cooked, and milk ; the former composed principally of albumen, and the latter rich in casein—elements which have, like the fibrin of flesh, a composition identical with blood.—Besides articles designed for nutrition proper, we want also those which are considered *elements of respiration*. The condition, as we have seen, of the respiratory function is such, that an abnormal proportion of oxygen is introduced into the system, which by combining with the tissues,



there is very good reason to believe, is the principal cause of marasmus. Something, therefore, containing carbon and hydrogen in proportions sufficient to unite with the oxygen of the inspired air, that it may be prevented from acting on the tissues, is what seems, if this view of the matter is correct, to be what is indicated. Vegetables, although not so nourishing as animal food, contain the materials to which we have alluded, in great abundance. Those to be preferred are the amylaceous, found in great abundance in wheaten flour, sago, tapioca, arrow-root, potatoes, &c. The "*cream of ptisan*" of Hippocrates, made from barley by boiling it to the consistence of cream, and straining it, is, we suppose, as valuable a preparation of vegetable food as any of modern origin. In having it prepared, this author had his *thin, exactly thin, and extremely thin*, just as it seemed to be required.

With respect to the articles best calculated to exercise a direct antiseptic effect, in order to oppose, as much as possible, the tendency to a diminished cohesion of the solids and fluids, we can say but little. Pringle, as we have seen, ascribes the decline, in his day, of putrid diseases, such as scurvy, leprosy, dysentery, plague, and pestilential fevers, to the introduction of sugar, beer and various liquors into general use. It is known, nevertheless, that saccharine articles are very liable to produce flatulence, acidity, and other troublesome symptoms in the alimentary canal. In favor of the utility of beer, and several kinds of wine, there is some testimony; but on considering the ambiguous character of any agent in fulfilling the indication before us, it may be concluded that as much can be done to resist the septic tendency by keeping the nutritive process in vigorous action as in any other way.—*Western Medical Journal*.

#### A CASE OF TETANUS TREATED BY CANNABIS INDICA.

By Isaac Hiester, M.D. of Reading, Pa.

[Communicated for the Boston Medical and Surgical Journal.]

CYRUS SASSAMAN, aged 16 years, in the act of quarrying stones received a contusion on his left index finger, which lacerated the skin and muscles of the second and third phalanges. The wound was immediately brought together with strips of adhesive plaster, and on removing the dressing the tenth day it was found completely healed. In three or four days afterwards he began to feel a stiffness in his jaws, and a drawing pain in his neck and shoulders. These symptoms went on increasing about forty-eight hours, when, on the 22d of April, 1846, in the afternoon, he applied to me for advice. He could not, at this time, separate his teeth more than three fourths of an inch; complained of rigidity and pain in the muscles of the neck and shoulders, which occasionally extended down the back; had, also, considerable difficulty in swallowing. I immediately laid open the wound, applied caustic to it, and directed a lye poultice to the part. As the patient had been costive for several days, I prescribed an active purge in the form of powder to be taken at bed-time.

Having been called some distance from home to an urgent case, I did

not see him again until the afternoon of the following day (23d) at 6 o'clock. Has had a restless night. The medicine operated copiously. The pain and rigidity before complained of continued to increase during the night, and were aggravated whenever it became necessary to help him up to the close stool. About day-light, when the alvine discharge had ceased, he became easier, and slept at short intervals for an hour and a half. Symptoms then became worse again, and have been on the increase ever since. He cannot now with his best efforts separate his teeth more than the third of an inch. The muscles of the neck and back, as well as those of the abdomen and lower extremities, are rigid, and he has almost constant opisthotonos, with great distortion of countenance. When the spasms relax a little, they are instantly renewed by the slamming of a door or any other sudden noise. Taking hold of his wrist rather suddenly to feel his pulse, caused a paroxysm. His tongue is very sore at the tip and sides; from its involuntary protrusion during the paroxysms, directed a cork to be inserted between the teeth. Pulse 64.

Considering the case a fair one for the trial of *cannabis Indica*, I directed an aqueous solution of the extract, containing two grains to the teaspoonful, and this quantity to be administered every half hour until the spasms should be relieved or the patient fall asleep—then to be repeated according to circumstances.

25th, 10, A. M.—Became more tranquil last evening after the second dose, and after the fourth dose slept, with slight interruptions, for two hours. He awoke with spasms, which, however, were much subdued in force, and somewhat in frequency. The medicine was resumed, and administered at irregular intervals of from half an hour to two hours during the remainder of the night, and he had many refreshing naps. This morning there is a decided abatement both in the violence and frequency of the paroxysms, and the lower extremities and abdomen are relaxed. With the view of testing the duration of effects of the remedy, it was directed to be omitted for the present.

10, P. M.—Complains of intense pain at the *scrobiculis cordis*, also of some pain in the hypogastric region, attended by dysuria. Resume the *cannabis*, and take five grains every hour, extending that interval in case relief be obtained.

25th, 12, M.—After the 3d dose he became composed, and slept more than he had done any previous night since my first visit. Spasms return about every twenty minutes, and are more feeble; the pain at the ensiform cartilage has subsided, and very little dysuria remains. As the bowels have not been moved since the operation of the cathartic—*R. Ol. terebinth. and ol. ricini, aa ʒj. M.* To be taken immediately; and after its operation, resume the *cannabis* in three-grain doses every two hours.

26th, 12, M.—Patient is in a sound sleep and has been so for the last hour. The purgative dose operated only once, but thoroughly. Slept a great deal at intervals last night.

27th, 12, M.—Had a restless night, caused, probably, by overloading the stomach with a German dish called cream soup, made rich with eggs and butter. Appetite, which had failed, is improving; says he feels

comfortable; can move his jaws a little laterally, and can separate them a little more. Continue the medicine as before.

28th.—Slept a good deal last night, and felt comfortable. Spasms still recur occasionally, but are so feeble that he bears them with little inconvenience. Extend the intervals of the medicine to three hours.

29th.—Rested comfortably last night, and slept a good deal. Begins to chew a little, but is still confined to spoon food. Suspend the medicine, and R. Ol. croton tigl., gtt. vj.; pulv. gum acacia, gr. vij.; aq. font., q. s. Ft. pil. no. vij. To take one every hour, until they operate on the bowels.

30th.—Symptoms all improving. The third pill operated freely. Can with a little effort separate his teeth to the extent of an inch.

May 1st.—The spasms now recur so slightly, and the rigidity of the muscles, except those of the jaw, has so nearly subsided, that the cannabis may be omitted, and acet. of morphine substituted. Take half a grain dose morning and evening.

2d.—The morphine succeeds completely in allaying the remaining spasms, and keeps him comfortable. Begins to chew solid food pretty well.

3d.—Rapidly convalescent. Some stiffness of the jaws only remaining, for which apply a liniment.

#### ACONITE AND MERCURY—HOMŒOPATHICALLY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Journal of March 11th is a reply to a former article of mine, on this subject, to which I soon after replied, but I find my manuscript shared the fate of some of your more *valuable* communications. I therefore write again. Dr. Leonard's last article is rather a singular one, but is in a good spirit, and perhaps such as we should expect under the circumstances. The doctor is very much surprised that any one advocating homœopathy, should have any decency left, calls us a very clever fellow "with one fault"! (he is fortunate, perhaps, in not being personally acquainted), uses a little soft soap, which does not seem to be homœopathic to our case, &c. Dr. L. seems to imagine that nothing is proved till certain doctrines are substantiated, viz., "that medicines do induce an artificial disease like the natural one," &c. Now the *fact* of the operation of a particular remedy in a diseased state, is one thing; the manner in which this is done is quite another thing, entirely separate and distinct. The point is, does the fact exist? This is to be settled only by observation; *a priori* reasoning will not do. When the fact is established without doubt, or upon sufficient evidence, it is very natural and very convenient to inquire how this is done, or what is the philosophy of the thing. Now the explanation may be right, or it may be wrong. If wrong, it does not at all invalidate the fact. There are many things in nature which we know to exist as facts, which we may not be able to explain; when we attempt an explanation, it may



not be right. This is the ground that Hahnemann took. He established certain facts, and then gave explanations, which he acknowledged might be correct, or might not. Dr. L. complains that we accuse our brethren of ignorance, especially W., who wrote a former article. Now we happen to know who W. is—a gentleman we have known by reputation for many years, and have esteemed him as highly as does Dr. L. But have we accused W. or any one of ignorance except upon this subject? Did not W. plead guilty on this point, and did not his article substantiate his plea? What fairness is there in making a general application, of what applied to a particular subject? A man may be ever so learned, and still be ignorant of a subject which requires years of critical study, if he has given it little or no attention. Dr. L. evidently winces under the idea of anything like a distinction between mechanical, chemical and vital operations; he has just learned that there is some difference of opinion on some small points, and that some homœopathic physicians at this day do not think exactly as Hahnemann did some twenty-five or thirty years ago, on a science which is making rapid progress. We trust his mind may become clearer on this point at some future time.

Dr. L. is troubled because he analyzed a few homœopathic globules, and there was not forth-coming a huge pile of arsenic, chalk or gun flints; and I have know our brethren alarmed so before, and supposed there was nothing but sugar. We do not suppose that chemistry will *detect* the medicinal substance in a high trituration; but are our vital organs, rendered doubly susceptible by disease, as clumsy in their operations as a laboratory or machine shop? Can Dr. L. detect the poison of a marsh, or that which produces scarlatina or typhus? It is now well settled that the human system will detect agencies which chemistry cannot; and that in a diseased state the organism is powerfully affected by articles which have no sensible effect in health. Hence the value and efficiency of homœopathic remedies when rightly applied in disease; while ten times the quantity of the same, applied at random, or given in health, would be entirely destitute of sensible effect.

But we are approaching the region of dynamics ("spiritual essence" of Dr. L.) a doleful region to our brethren. This is a term now general, and one much used in homœopathy; by which is meant powers or causes whose effects only are perceptible to our senses; it is applicable both to diseases and to remedies. But Dr. L. cannot believe our assertions—he "wants evidence." "Truth is the mountain of his strength," and to this we say amen. But is it in this manner that the opposers of homœopathy proceed generally? We are often gravely told there is no substantial evidence in favor of it, nothing which would be received as such in a court of justice, &c. Is this so? Now the truth is, that all the substantial evidence concerning homœopathy, in any shape, is in its favor; and there is none, I assert it without fear of contradiction, against it. Nearly all against it is assertion. The proper question is not what one has heard from A or B, or read in this or that author, on the subject; but what do you know of it from personal examination of the subject, in the *only* legitimate way, by actual experiment? Are there not men of high

standing in our profession, who have never seen a particle of medicine administered on the homœopathic principle, with proper exactness, and who have scarcely spent one week in reading standard writings on the subject, who boldly give an opinion of its merits, and even endeavor to prejudice the public against it?

But Dr. L. has tried it in practice, and we therefore admit him as a witness in the case, and extend to him the right hand of fellowship, notwithstanding he is a witness against us. He has tried it and "found it a very silly business." We have tried it in hundreds of cases, and in the severest forms of nearly all our acute diseases, and found it to succeed admirably. How is this conflicting testimony to be reconciled? Dr. L. is anxious to arrive at the truth on the subject, and talks, and I presume will *act*, as an honest man. Truth is all we want, and when we are not honest we wish to be informed of it. Let us then compare our *cases* of practice, and let those who are *capable* of judging, decide on which side the error lies.

CASE I.—I was called about 12 at night, on the 16th inst., to visit Mr. —, aged, say, 30. He was taken sick about thirty hours previous. I found him with pulse 102, *full, hard, and strong*; skin very *hot and dry*; tongue covered with a *heavy white* coat; *great thirst*; tenderness of the abdomen with hardness, and very severe pain; urine *high colored*, and small in quantity. *Diagnosis*, inflammation of the bowels; his disease had been increasing up to this time. The morning previous he had been bled and purged very freely, and other appropriate allopathic treatment adopted by a very respectable practitioner. His diagnosis same as mine; indeed it was one of the plainest cases of acute enteritis of an entonic character I have ever seen. I was requested to prescribe and take charge of the case. S. eight or ten gtts. aconite (strong), equal to three or four gtts. tinct., in a teacup of water: gave teaspoonful every half hour for two hours. In one hour, the pain began to abate, and in two hours he inclined to sleep; a moisture began to appear on the head. I left, directing to give a teaspoonful every hour.

17th, 7, A. M.—Had slept and sweat freely; skin moist, and much cooler; pain much less; pulse about 100, but soft; bowels tympanitic, and soreness about same. Continue aconite. 7, P. M.—Skin moist; quiet; pulse 90, soft; bowels free. Continue aconite with bryonia.

18th, 8, A. M.—Pulse 79, soft; skin natural; rested well; little pain; bowels less distended; tongue about same; thirst abated; urine free. Continue aconite and bryonia.

8, P. M.—Pulse 75; fever and soreness much less; no pain; some appetite. Continue medicine at longer intervals.

19th.—Up and dressed; pulse 74; bowels nearly natural; free from fever; tongue brownish-yellow, &c. Gave nux vomica—a few drops in water.

20th.—Rode out of the city, feeling quite well, excepting debility. Continues well.

Is there in this case anything indicating aconite, or would any other medicine or simple sugar of milk have done the same, or was there no disease?

Case II. occurred some weeks since. My notes of the case are mislaid, but the important facts can be stated. Mrs. ———, aged 27, had been sick some days, but had no efficient treatment. I was called to visit her February 21, evening. Pulse 112, not hard or full; tongue covered with a *brownish-yellow coat*; bowels distended, tympanitic and *excessively tender*; *bilious vomiting*; *bilious diarrhœa*; about eight movements during the day, and 12 during the night; *free perspiration, which did not relieve*; excruciating pain in the bowels, which had prevented any rest for some forty hours; *symptoms all aggravated at night*. I prescribed aconite and nux vomica.

22d, A. M.—No relief. Found, on more critical comparison of her case with the effects of remedies, that mercury was indicated; she was in severe pain. Gave mercury. In ten minutes she was easy, but in about two hours the pain returned, as before. Repeated the mercury, and in a few minutes she was again perfectly easy. I watched the case closely; the effect of the medicine lasted about two hours, and it was then repeated, which kept her quiet and comfortable. This had a decided effect for two or three days, when the pain and inflammation were subdued, tympanitis removed, pulse nearly natural, diarrhœa checked, and *sweating abated*, when mercury lost its effect, and other remedies were indicated. This case quickly recovered.

Was there anything here that indicated mercury, on the principle of *similia similibus curantur*? Does mercury produce any symptoms similar to the leading ones in this case? Are mercurial diseases *worse at night* or day? The quantity of mercury given was about 1-50 of a grain, a large dose for homœopathy; but it had not been triturated to develop its power as long as we are directed by Dr. Benj. Bell, for he says it should be "triturated six or seven hours daily for thirty or forty days"!—(See Bell on Venerea, p. 109.)

In such cases as the above I have been surprised that we can carry them through, when the appropriate remedies are given with so much less pain and suffering than when we used strong anodynes in the ordinary practice. In a case of pneumonia, recently, in an intelligent clergyman, which was very severe in its onset, he has frequently remarked that the suffering and pain bore no comparison to former attacks of the same; and at one time, when in severe pain, and difficulty of breathing, with great restlessness, one drop tinct. phosphorus put an end to it at once. We should none of us be likely to give very large doses of it, in acute pneumonia. Will it produce inflammation of the lungs?

These two cases may suffice for the present. We have scores of others of all the acute diseases, were it necessary to report them, and may do so at another time, if our kind editor's patience is not exhausted. We have endeavored to state these plainly; and now, as Dr. L. and myself are endeavoring to ascertain which is in the right, and as we intend to do just as we would be done by (that is homœopathic), we ask Dr. L. to give us his cases—to state the symptoms so that we may be able to form an opinion as to their nature, the remedies used, and the results. We shall look with interest for them.



Dr. L. can see no analogy between homœopathy and vaccination. He does not deny that they were alike opposed at first, but he can see only the *rationality* of the latter. Human reason, merely, is a very bad thing to settle a scientific subject upon, and the world have ever found it so. There are many sciences at first view contrary to our reason, as homœopathy now or vaccination to the men a hundred years ago, which, when we become conversant with, our reason bends to the facts. If vaccination was so very reasonable, why did it receive such bitter opposition? Perkinsism must come in, also, to be compared with it, and our friend sees analogy between them, which we confess we cannot see yet. Dr. L. cannot tell "which is the greatest humbug." Now we think if their continuance is to test this point, homœopathy is much the greater, for Perkinsism originated, we think, in 1796, the same year (an eventful one) in which homœopathy was promulgated to the world, and it did not die completely till 1811, fifteen years after, when Sir Christopher Caustic's *terrible tractorations* killed it as dead as a *door nail*; while homœopathy is now at its "*meridian splendor*." Finally, in comes hydropathy, the last *pathy*, as yet, in the catalogue, and for our life, doctor, we are not *learned* enough to see an analogy between them; the difficulty may be we are enough so to see a *difference*. We had supposed that since the days of Currie, the application of water was generally considered by the profession one valuable means in the treatment of disease, but we were never much in favor of making one thing a hobby; and if our friend thinks we are *already on one*, we think he will find himself mistaken ere the end of the journey.

Homœopathy is placed in very different lights by its opposers. It has risen from the low quackery it was once considered, and is now acknowledged a respectable medical doctrine. Dr. Forbes, in the Jan. No. of the "British and Foreign Medical Review," speaking of Hahnemann and his doctrines, says: "No careful observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine as ingenious as many that preceded it, and destined probably to be the remote if not the immediate cause, of more important changes in the healing art, than have resulted from any promulgated since the days of Galen himself. Hahnemann was undoubtedly a man of genius and a scholar, a man of indefatigable industry, and undaunted energy. In the history of medicine, his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in originality and ingenuity of his views, superior to most in having substantiated and carried out his doctrines into actual and most extensive practice."

This is the language of a high-minded and honorable opponent of homœopathy, one who has studied tolerably its doctrines, but has not tested it in practice.

Dr. Andrew Combe, of Edinburgh, well known as an author to all our brethren, has an able article in the last No. of the same Review, rather seconding Dr. Forbes's views, and insisting that it should be tested

by careful experiment before judging of its merits. These articles of Drs. Forbes and Combe, it is hoped will be carefully read by their allopathic brethren in this country. After which a review of Dr. Forbes's article, by Profession Henderson, of Edinburgh, might be read to advantage. This is one of the most masterly polemic medical papers, which has ever been written, and by a man of at least some reputation; also "Reasons why homœopathy should receive an impartial investigation from the medical profession and the public, by B. F. Bowers, M.D., of New York," a very able thing. These are published in pamphlet form, and may be obtained in the large cities. We think if they were read, it would have a tendency, at least, to allay a high state of nervous excitement in our brethren in regard to some contested points in medicine, which when better understood will be more correctly decided.

Lowell, May 21st, 1846.

Yours, &c.

DANIEL HOLT.

#### OPERATIONS ON THE PALATE.

[THE first volume of M. Dieffenbach's work on Operative Surgery is analyzed in the last No. of the British and Foreign Medical Review. From this analysis the following remarks on the palatine suture are copied.]

In cases of small holes, or openings in both the soft and hard palate, Dieffenbach employs with great success a concentrated tincture of cantharides, with which the borders of the opening are pencilled several times daily. Inflammation and granulation of the edges are followed by union, while if the potassa pura be used, a portion of substance is lost, and the granulation is not sufficient to close the opening, which remains larger than before. Larger openings are, of course, treated by paring the edges, and union by suture.

In closing fissures of the soft palate, leaden wire is said to be far preferable to silk, and much more easily applied. It can be drawn sufficiently tight to keep the wounded edges close together, while silk, if so drawn, would cut through those delicate textures.

Adhesion of the velum palati to the posterior wall of the pharynx causes great suffering from stopping the communication between the nares and air-passages, deafness from closure of the eustachian tube, &c., and therefore, although the operation is very difficult, the adhesions must be freed by means of a long scalpel, making a transverse incision, about half an inch below the adherent border of the velum. The edge is fixed by a hook, and drawn from the wall of the pharynx. Then a lancet-formed knife, the flat surface of which is curved, is used and directed upwards, to loosen the velum, the separation of which is completed by scissors, also curved upon their flat surface. The upper adhesions are destroyed by passing a blunt curved iron instrument, like a very small spatula, along the inferior nares. This operation would be rendered unsuccessful by a fresh adhesion of the parts together, unless sutures were applied. A ligature is prepared, with a small curved needle at each end,

and with one of the needles the velum is transfixed a few lines from its edge, and the needle brought out at a high point, on the anterior surface of the palate. The other needle is used in the same manner, the ligature being passed a short distance from the side of the other. Then the ends of the thread are tied together, taking care that the edge of the velum is left about half an inch distant from the palate.

It may be well to state that Dieffenbach considers that, in general, all mechanical means for closing openings or fissures of the velum are not only useless, but injurious and dangerous. With regard to those of the hard palate, wearing anything between the edges of the opening gives relief for the time, but generally causes enlargement of the opening, so that if the size, or other circumstances, render an operation unadvisable, it is better to cover the palate with a gold plate fixed to the teeth. Of course this would be left to the dentist, but if no such person be in the neighborhood, any mechanic could make such a plate if the surgeon took a model of the palate in soft wax, harden this in cold water, and upon this make a cast in sulphur, or plaster of Paris. The gold plate, formed upon this cast, would form the artificial palate, and be fixed by gold wire around the back teeth.

In cases of holes in the palate, the edges of which are so callous that an operation would be unsuccessful or impossible, the opening may be stopped by wearing a double piece of Indian rubber, without the danger of its enlargement. Two pieces of Indian rubber, of the thickness of thin pastebord, are cut about four or five lines larger than the opening, and between them, in the middle, a small round piece of the same thickness is laid, and these three layers are transfixed, and sewed together with waxed thread. One plate thus is made to lie on the anterior, the other on the posterior side of the palate, and the small middle strip in the openings, with the edges of which it is not in contact, as it is smaller than the opening. When the patient wishes to insert this obturator, he softens it in warm water, squeezes its layers together with a pair of forceps, and passes it through the opening, standing with widely open mouth before a looking glass. It is removed once a week to clean it, or to apply a new one. When the opening is so small that some hope of a closure remains, the edges should be pencilled with tincture of cantharides. We have lately applied this elastic obturator with most satisfactory result upon a gentleman who had undergone three unsuccessful operations, by paring the edges and applying sutures. We took a model of the palate in wax, and upon this made a plaster cast. This saves a great deal of unpleasant manipulation in the patient's mouth, and an exact fit may easily be obtained. Our friend was quite delighted with the result, and his wife amuses herself by making the plugs, so that with the cast they are quite independent. It is really surprising how much happiness may be conferred upon a family by so simple a contrivance. How, then, can a man practise with a clear conscience who does not keep himself on a par with the knowledge of his age? We think it is Dr. Baillie who says, "In other professions ignorance may be *folly*; in ours it is *crime*."



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON, JUNE 10, 1846.

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*Connecticut Retreat for the Insane.*—The twenty-second annual report of the condition of this well-conducted institution has been received. Very essential improvements in the buildings are spoken of, as increasing the facilities, and furnishing accommodations for an increased number of patients. Two new wings, of 120 feet in length each, by 36 in width, are very important parts of the establishment. The physician has had a fine house erected, of Portland stone, stuccoed, which adds much to the fine appearance of the buildings. The Directors have recently expended upwards of forty thousand dollars in bettering the old and in finishing new buildings and apartments. Accompanying the report is a lithographic view of the edifices and grounds, which is not only a charming picture itself, but gives the reader a very correct idea of the appearance of the Asylum. Dr. Butler's report, in connection with that of the trustees, treasurer, chaplain, &c., must be a satisfactory paper to the people of Connecticut. They will readily perceive that their Asylum is doing great good, and has a reputation abroad of which the citizens may be proud.

At the beginning of the year, ending March 31st, the number of patients was 103. 55 have been discharged well. Whole number in the Retreat April 1st, 116; the number admitted during the past year, 128.

Dr. Butler has some judicious observations in regard to removing patients too soon, and the truth of his remarks upon the injury they sustain from it, is illustrated by cases. This is an evil which we fear he will have to contend with through his official life. Friends are always meddlers where insanity is the subject. Their affections outweigh their judgment, and it is as impossible to convince them by reasoning that they are doing positive wrong, where they believe themselves in the right, as it would be to restore the lunatic instantly, by miraculous power.

We congratulate both Dr. Butler and the State of Connecticut, upon the excellent condition, prospects and character of the Retreat.

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*Medical Society of East Tennessee.*—On the 7th of May the Society of East Tennessee met at Knoxville. Through the Knoxville Standard, we are able to anticipate the usual pamphlet report of the annual doings of the Society, an unusually spirited body of medical gentlemen, in giving the names of the officers, &c., for the present official year. One of the resolutions reads thus:—

“The members of this Society, feeling that East Tennessee, more than any other section of the Union, requires purgation to be rid of the charlatanical doctors with which it is infested, unanimously resolved, “That the Corresponding Secretary be instructed to correspond with the Medical Societies of the State of Tennessee, as to the propriety of petitioning the

next session of the Legislature to pass a law, forbidding all persons to practise medicine hereafter, unless they have a diploma from a medical college, or license from the Medical Society of the State of Tennessee or from the Medical Society of East Tennessee, or from some other respectable source.'"

Two instructive papers on Quinine, from Dr. Dickinson, of Charleston, S. C., were read; also papers by Drs. Cunningham, Barr, Ramsey and Burnett. Dr. Wm. Rodgers was appointed to read a paper the next semi-annual meeting—and Dr. Evans on the day of the annual meeting, which takes place on the first Thursday of May, 1847, at Jonesborough.

The officers for the ensuing year are, J. B. Reese, President; S. B. Bowls and W. F. Barr, Vice Presidents; F. A. Ramsey, Corresponding Secretary; B. R. Strong, Recording Secretary; Wm. Rodgers, Treasurer.

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*Cancer Curers.*—Those pests of society, cancer curers, are not yet extinct. Some of the remnants of them, who administer miraculous plasters which draw out cancers, all horrible with long legs, like a horse-shoe crab, are in full feather in the good city of Boston. Formerly, men—those who had the tact for turning the pimple on a fool's face into these eating cancers—had the control of the business; but it has now fallen into other hands, and ignorant female doctresses, those who can get more by patching up the imaginary ill health of people of like calibre than by mending old clothes, have almost a monopoly of that order of patients who are never satisfied without being cured of some desperate ailment. The country supplies patients for the cancer curers of the city. They bear the misery of being burnt, fried and stewed alive, admirably, because there is a kind of glory in being talked about at home, as the one who had an awful cancer drawn out by the roots. Then, again, the patients pay well for these dreadful operations, which are supposed to cost the profound old woman who performs such wonders, great study into the nature of roots and herbs—far beyond the researches of the "regular doctors," who learned all they know at universities.

Last week we incidentally saw a little girl, 11 years of age, from Bridgewater, Mass., just liberated from the stinging influences of a cancer plaster on the tip of her nose, applied by a distinguished doctress here in Boston. The child had a little red pimple near the tip of the nose, which her mother decided was a cancer, and so did her aunt, and perhaps half a dozen meddling old maids in the neighborhood, and so did the doctress when the bright little beauty was brought here for inspection. For the small consideration of six dollars, the magic stuff was stuck on—and when we last saw the poor dupe, a phial was triumphantly presented containing a piece of the skin and cellular tissue, actually killed and sloughed off by the direct action, it is presumed, of some arsenical preparation, which was said to be the cancer! She, of course, was delighted—and the aunt, too, whose faith was equal to all exigencies in quackery, however gross, expressed her perfect satisfaction in the result of this shameful procedure. When the artificial ulcer fairly heals up, the nose will be permanently and unnecessarily disfigured. Yet the whole family, including the aunt of strong faith, are doubtless rejoicing over the providential deliverance of the child from the deplorable results of a gnawing cancer.

If the parents are not the veriest fools in christendom, their eyes at

some future period will be opened to the imposition that has been practised upon them, to the lasting injury of the fair features of their child; and they will not deserve the sympathies of anybody, should they be coaxed into wearing a six-dollar cancer plaster themselves.

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*Ophthalmic Practice.*—Notwithstanding the fact that some of the very best operators on the eye this country affords, reside in Boston—and an Eye Infirmary also exists here under the special patronage of the Commonwealth, and therefore enjoying the perfect confidence of all classes of persons—the capital of Massachusetts is the focus of ophthalmic humbuggery, and the theatre in which ignorant pretenders from a neighboring city, play their most profitable games of imposition. On authority perfectly reliable, we are assured that periodical visits are made to Boston by adepts in giving eye-advice, who carry away large sums of money at each trip, in exchange for opinions and suggestions, or for aconite and watery solutions of opium. In recording this mortifying circumstance, of the encouragement given by the wealthy, though not the most intelligent, citizens, to vain, self-conceited, boasting charlatans, it is philosophical to suppose that a diversion of a high cost is coveted by them, and it is just as well for them to pay for needless prescriptions for imaginary or real affections of the visual organs, as for any other irrational amusement. Overgrown wealth naturally seeks depletion, as swollen rivers find lateral outlets, and sometimes where least expected. The elixir of life is bought and sold as frequently in this intellectual age, as it was in the days of Paracelsus, the autocrat of quacks.

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*Polynesian Quackery.*—Medical impostors are not confined to civilized countries. In the Paumotu group, the native doctors not unfrequently aggravate the disease. Prominent medicines with them are candle-nut, *alcurites triboba*; butter calabash, *curubita lagenaria*; the seeds of the castor oil nut, a species of *ipomæa*, besides powerful herbs in decoctions, administered by enemas. So powerful are the doses, that severe agonies are induced, followed by the death of the patient. Incantations are also used. Those in good condition are duped by these doctors to take something to keep them well. Native surgeons were never known to exist there at all. Cuts, bruises and breaks were pretty much left to nature.

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*Health in the Willamette Valley.*—When Capt. Wilkes was in Oregon, he visited the missionary hospital, built of logs, under the charge of Dr. Babcock, a missionary. He informed Capt. Wilkes that the country was healthy, although in August and September, they were subject to fever and ague on the low grounds; but in high, dry situations, he believed the inhabitants would be free from them. Only a few diseases appeared, and those were easily managed. On the whole, the Willamette Valley has a charming climate.

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*An Eye and Ear Infirmary without Location.*—A circular has been sent us, *not post paid*, which gives a detailed account of the success of an



eye and ear dispensary at the rooms of Dr. James. Whether the institution is in the moon, Uranus or Madagascar, the document does not say. Further, it is without date. It was a heedless secretary who addresses the benevolent in this blind manner, asking their sympathy and assistance. Contributors, to be in character, should throw their money into the air, out of sight.

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*Prize Essay of the Alabama Medical Society.*—The State Medical Society of Alabama offered, last season, a silver cup, as a prize for the best Essay on the *Pathology and Treatment of Congestive Fever*. We learn that, at the annual meeting of the Society, held at Selma, in December last, this prize was awarded to Dr. G. A. Mabry, of Selma. We take great pleasure in stating that a similar prize is now offered for "*the best Medical History of Alabama*." This is the way to excite professional emulation, and, we doubt not, it will bring out the best talent of the State. Every medical society should offer one or more prizes every year. Southern physicians have as much talent as is to be found in the ranks of the profession anywhere, but being scattered over a vast extent of country, and not feeling the stimulus of association, and of emulation, they are, in a great degree, too negligent of the progressive improvement of medical science. A brighter day is dawning upon us.—The Essay, with the name of the writer, is to be deposited with the Secretary of the Society, Dr. A. G. Mabry, Selma, on or before the first Monday in December next.—*New Orleans Medical and Surgical Journal*.

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*Celebration of the Birth-day of Pinel at the N. Y. Lunatic Asylum.*—The Utica Gazette contains an account of a celebration of the birth-day of the illustrious Pinel, at the Lunatic Asylum in that city. A hymn, written by Judge Bacon, of Utica, for the occasion, was sung by the choir of the institution; prayers were offered by the chaplain; and an eulogium on the character of Pinel pronounced by Dr. Maltbie, one of the patients at the Asylum. The Gazette says that the exhibition was unique and interesting.—*Buffalo Med. Journal*.

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*Latin Prescriptions.*—We have noticed, of late, several articles in foreign and domestic journals, respecting the absurdity of perpetuating the pedantic habit of writing prescriptions in Latin. We hope the result will be, that it will be considered antiquated nonsense to use aught besides our own vernacular, in the directions for the apothecary or patient. The sooner the profession is stripped of all remnants of affectation and mystery, the better. For the sake of uniformity, however, and to avoid confusion, it will be advisable to continue the present system of forming the nomenclature of the pharmacopœia and materia medica, from Latin or Greek derivatives. The objection is to tailing the formula with mongrel Latin, when pure English would answer quite as well, and certainly be in better taste. We believe the majority of physicians of this country, have already discarded the practice. We occasionally, however, see it persisted in published reports, when, in many cases, it is to be presumed, it has cost the writer considerable pains to appear (as he doubtless thinks) quite scholastic.—*Ibid*.

*New York State Medical Society.*—At the last annual meeting of the New York State Medical Society, held at Albany, in February, 1846, the following gentlemen were elected officers for the ensuing year, viz.:—

John McCall, M.D., of Utica, *President*; Stephen Hasbrouck, M.D., of New York, *Vice President*; Peter Van Buren, M.D., of Albany, *Secretary*; Peter Van Olinda, M.D., of Albany, *Treasurer*.—*Ibid.*

*Perforation of the Membrana Tympani for the Cure of Deafness.*—A young woman was completely deaf in both ears for four years, caused by a severe cold. Catheterism of the Eustachian tube was performed, and said to fail. The membrane of the tympanum was pierced, a small piece being drilled out of the membrane of the right side. After the operation, the hearing was greatly improved. Next day, intense pain was experienced in the ear. Remedies were applied, and in forty-eight hours a profuse discharge took place from the ear. This varied in quantity, day after day, for two months, the hearing being slightly benefited. In eleven weeks after the operation, the patient became more deaf than ever, and was constantly complaining of flying pains through the head; at one time fixing in the forehead for a few hours, at another in the occiput, and frequently in the temple, particularly in the right ear. In this state she continued for four months, when she was attacked with rigors, rapid pulse, intolerance of light, and all the symptoms of disease in the brain, and she died on the third day.

On examination, an abscess was found in the lower part of the middle lobe of the brain. No opening could be detected through the petrous portion of the temporal bone, but the dura mater covering it was roughened on the surface, and softened in its texture, particularly near the internal auditory foramen. The membrana tympani was entirely destroyed, and the lining membrane of the tympanum was considerably thickened and villous on its surface.—*Dublin Medical Press.*

*Medical Miscellany.*—Dr. Elisha Bartlett was in Paris the last of April, on his way to England, expecting to return home in August.—Four Hindoos are now attending the medical classes of University College, London.—Mr. George Niles died on the 19th ult., at Shaftsbury, Vt., at the age of 105—being the oldest man in that State.—Word comes that the sickness at Bona Vista has subsided, after sweeping off between five and six hundred persons. The Portuguese Government sent physicians—and the British Government also, with medicines.—Smallpox is prevailing in some parts of New Hampshire—and always will in Boston, while so many unvaccinated people visit the city from the State of Maine, and other places.

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MARRIED,—John M. Brewster, M.D., of Amherst, Mass., to Miss C. A. Wright.—In New York, Dr. J. Vaughn Smith, U. S. N. to Miss V. A. Parker.—In Oswego, N. Y., Dr. Thos. D. Washburn, of Syracuse, to Miss R. Jocelyn.—At Lyons, N. Y., G. C. Hillman, M.D., to Miss E. J. Sisson.

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*Report of Deaths in Boston*—for the week ending June 13th, 55.—Males, 32, females, 23. Stillborn, 5. Of consumption, 9—measles, 10—smallpox, 1—intemperance, 1—old age, 3—palsy, 2—inflammation of the bowels, 2—dropsy on the brain, 5—typhus fever, 3—accidental, 1—croup, 1—infantile, 2—mortification, 2—dropsy, 2—cholera infantum, 1—disease of the brain, 1—drowned, 2—canker, 1—teething, 2—sudden, 1—inflammation of the lungs, 1—rheumatic fever, 1—lung fever, 1.

Under 5 years, 24—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 9—over 60 years, 4.

*Prize Essay of the Louisiana Medico-Chirurgical Society.*—We are requested to announce to the profession, that at a recent meeting of this Society, it was resolved to offer a gold medal, of the value of one hundred dollars, for the best Essay on *Strictures of the Urethra, with their treatment*. This prize is offered to the competition of the profession in all countries; but the essays must be written in the English or French language. The communications must be accompanied with a letter and corresponding mottoes to the President of the Louisiana Medico-Chirurgical Society, New Orleans, La., and should be received by the 1st day of February, 1847.

The medical press throughout the country is respectfully requested to give publicity to this notice.

Here is the offer of a splendid prize, and we doubt not it will call forth the competition of great talent. The prize will be awarded at the anniversary meeting of the Society, on the first Wednesday of April, 1847. *New Orleans Medical and Surgical Journal*.

*A Case of Self-Emasculation.* By C. GLIDDON YOUNG, M.D., of Greenwood, La.—I was called in the fall of 1837, to see Mr. P., a married man, in respectable circumstances, aged about 35 years, the father of five children, who, in a state of mental despondency, produced by religious excitement and domestic troubles, had emasculated himself. He was an exemplary member and class leader in the Methodist church, and was much in the habit of shouting, which was so disagreeable to his wife that she required him to desist, on pain of forfeiting his connubial rights. Shortly afterwards she discovered that he had deliberately sharpened his knife and maimed himself as above mentioned; taking out first one testicle and then the other, after the manner of castrating pigs. As he was ignorant of the danger of hemorrhage, or the means of guarding against it, he had cut the cord directly across, and both spermatic arteries were bleeding when I got to him. I found him almost exhausted from the loss of blood; he had fainted several times; the scrotum was filled with coagula. I quickly cleared the coagula from one side, and found that the cord had retracted so far within the abdominal ring as to be scarcely within reach; but a tenaculum introduced by the side of my finger enabled me to bring down and secure the bleeding arteries, which I did successively. By a little stimulus he was revived, and his recovery took place without a single untoward symptom.—*Western Med. Jour.*

*Belladonna in Strangulated Hernia.* By J. BESCIANI DE BORSA, of Verona.—R. Extract of belladonna, ʒii.; axung., ʒii. M. bene. I anoint the tumor at least every half hour. After a while the pain, and then the tension of the sac, diminish, and the possibility of reducing the hernia by taxis occurs. The various other means usually employed, as bleeding, baths, cold, tobacco, &c., are not to be neglected; and, although these will not frequently succeed alone, they will do so in many cases when aided by the belladonna.—*Medico-Chirurgical Review*.



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No. 21.

MEDICAL INSTITUTIONS OF ITALY.

*Milan, May 18, 1846.*

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Although it may possibly prove a superfluous undertaking (so well are the European institutions known), I have thought it might not be unacceptable to you to run over a few notes upon the hospitals of Italy, to several of which I have made a point of going, although not always having sufficient time to go over them in a thorough manner.

Italy certainly possesses many very noble institutions for the poor and the sick—and was, during the middle ages, far in advance of the rest of Europe. At Naples, the “Royal Poor House” should be mentioned as an institution of great usefulness and merit. It was commenced in 1751, and now is an immense building; one side is allotted to females, and the other to males. At present, between 5 and 6000 (according to the statements) are maintained and instructed by this establishment: among other things the inmates are taught *surgery*.—The hospital for *Incurables* is capable of containing upwards of 1000 persons; the sick are received from all parts of the kingdom—and foreigners also. There are *cliniques* also—medicine, surgery, midwifery, an anatomical theatre, &c.

In *Rome*, the hospitals are not so well looking, *internally*, nor, I should think, so well conducted, as in most of the other Italian cities. The small hospital of Benfratelli, containing 80 beds, is much neater and better ventilated than San Spirito, the principal one. The Benfratelli is in the hands of the monks, who perform the services and duties for the sick. The aspect of things was exceedingly *dubious* as to the comfort of the patients. The immense wards of San Spirito are disgustingly dirty and wretchedly ventilated—and, what is worse, they have the most unscientific, *outrageous* arrangement of “*stowing away*” the poor patients in *double tiers*—*two tiers* on each side of the ward; the heads of patients in tier No. 2, lying at the feet of those in tier No. 1. I have never seen so bad an arrangement in any hospital—nor one so calculated to produce bad effects. More is the shame, too, for this hospital is *very* richly endowed. The Foundling Hospital and the Lunatic Asylum are also in this building, which, as you may imagine, is immensely large. In the lunatic department the old restraint system is still in use. There are several other hospitals in *Rome*; indeed, it is the boast there, “that no city in the world devotes so large a sum to institutions of charity, in pro-

portion to the population." But some master's hand is wanted to direct and apply the abundant means. La Consolazione, near the Capitol, is the hospital allotted to *surgical* cases—a good number of these are *stabbing* cases. It is stated that the average number of patients is about 800 annually.

I attempted to enter the Hospital of San Michele, which is very large, *twice*, but was prevented each time: once, because it was the "*sleeping time*;" the other visit, on account of its being *fête* day. The exclusion of visitors at the time when patients are asleep, is certainly a good idea; and I have often thought that the visits in the Parisian hospitals, made at so early an hour, are decidedly more for the advantage and convenience of the physician and student than that of the *poor patient*, who is often roused from a slumber of great *importance to him*, to respond to the interrogatories of the visitor. Certainly on the score of comfort and likelihood of benefit to *patients*, the visiting hour as it is with us is far preferable.

San Michele is highly spoken of, and is doubtless worthy of the praise. It contains a House of Industry and of Correction. It is to be trusted that it is cleaner than San Spirito.

*Florence*, whose admirable and very extensive collection of anatomical models in wax, is so well known to all medical travellers, and indeed *universally* visited, contains, I believe, only two or three hospitals. One of these, Santa Maria Nuova, is worthy of all praise for the remarkably excellent management exhibited. It is the medical school of Florence, and contained, at the time I saw it, 600 patients, having accommodations for 400 more. The cabinet of pathological and anatomical specimens, although small, contained many very good pieces: the skeleton of a child, with the bones of the skull pushed widely apart by hydrocephalic effusion, the head being enormous—I believe larger than any one I have seen; many specimens of excessive distortion of the spinal column; some wax models of tumors, &c. &c. In a small cabinet are preserved the pieces of the human body *petrified* by *Segato*. There were portions of the liver, the brain, the intestines; also the organs of animals. You doubtless have heard of the *table-top*, inlaid with petrified pieces of this nature; it, also, is kept in this cabinet.

The hospital is remarkably airy, neat, well arranged, and has an air of great comfort; the different attendants are exceedingly polite, and every part of the hospital was shown with great readiness, and *pride*, too, as I thought. In the midwifery department are many separate rooms, in which the beds were very clean—the nurses neat and looking quite good-natured. There is a room for delivery, and others for those affected with after troubles. In this department was shown to me a bed different in construction from any I happen to have seen; it has, about one third of the way from its head, a slight elevation (continued, of course to the head); beneath the pelvis an aperture sufficiently large for the issue of matters from the genital organs; not large enough to interfere with the proper support of the body. Besides these things, there is a *succession* of *cushions*, to regulate, at pleasure, the position of the woman, and two

cranks or handles (moveable or fixed, at pleasure), by which the woman supports herself while undergoing the contractile efforts of the womb. If I remember right, the elevated portion at the head of the bed did not admit of graduation; I may be mistaken in this, however, as it would seem that it *should* and might easily.

The splendor of some of the buildings now devoted to hospitals in Italy is quite striking. In point of architecture, and, often, internal decoration, there probably is nothing of the same destination, that equals them.

At *Venice*, the building known as the Scuola di San Marco is now a portion of an *immense* hospital, the remainder of which is formed out of the adjoining convent of the Dominican and the Franciscan friars. It is really a *long walk* through this enormous building, which contains a handsome church and a smaller chapel also, within its walls. The arrangement and planning of the wards, beds and appurtenances, is most excellent—plenty of air, and evidently great attention to cleanliness. The lunatic wards are in excellent condition—and so, as to comfort and attention, are the unfortunate inmates. This, I believe, was one of the first institutions to abandon the restraint system. We entered the large room which contains the greater number of lunatics. Very many were working in one way or another; some came and gazed upon us, with not an *idiot*, but a *mischievous leer* (this was the female ward); only one was at all violent. She rushed towards us from the farther extremity of the hall, uttering a torrent of words in a loud tone, and brandishing her *knitting work*! I looked sharp at the *needles*, but she, on arriving where we stood, stopped a moment—and then darted to a seat, where she continued scolding. But the physician of the establishment soon entered, and going to her, took her hands in his, and saying a few words she was quiet as if by magic. Some two or three more were *wild*, but not violent; every part of this establishment seems admirably managed.

In the sick wards there is suspended over the head of each bed the name of the disease, under which the individual is laboring.\* I noticed a goodly crop of *bronchitis*, many cases of pericarditis, several also of intermittent fever: in the surgical wards one case of spina bifida; abscess, fracture, &c. At the head of each bed also hangs a ticket, containing name, profession, age, dates, symptoms, internal and external remedies, &c. &c.

I should *think* that more medicine was given internally in the Italian hospitals than in the French—a supposition which may have some slight confirmation in the different *size* of the *spaces* allotted to *external* and *internal* remedies in the ticket alluded to. A very formidable, but exceedingly good-looking, apothecary's shop is located, sentinel-like, near the entrance to the wards. The remark above made in reference to the finish and ornament of some of the Italian hospitals, applies in its full extent in this case: an author, speaking of the building, says—"The external architecture of its elevation is singularly fanciful and elegant; Byzantine richness blending itself with the grace of classical architecture, combinations defying all rules, but productive of a most magical effect.

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\* This I have not noticed elsewhere in Italy.



The carved work of the ceilings is, in many of the rooms, peculiarly beautiful; the contrast and effect are singular and striking in glancing from the rich and varied ornaments above and around, to the pallid countenances and paraphernalia of the sufferers stretched beneath."

At Milan, the "Ospedale Maggiore" is a noble establishment; a *donation* of the site of an ancient palace by Francesco Sforza in 1456 was its commencement. The front is 800 feet in length; the writer of Murray's Guide Book speaks of the Gothic portion of the building as "magnificent." Besides this fine institution, there are the Lazaretto and the Ospizio Trivulzi, the latter styled by the same writer a "noble monument of pious charity," containing 600 inmates, all over 70 years of age, well fed and clothed and permitted once a week to visit their friends." The Lazaretto, now disused, except in some portions for small shops, is in the form of a square cloister, *one quarter of a mile* on each side in length; in the central square is a chapel. A fine crop of hay had been made and lay spread upon the turf; men and women in some parts of the square still turning it. The long, cloistered arcades are quite striking. The *Trivulzi* I have not visited.

At Genoa, the great Poor House is well worth seeing; clean and well administered; its church, Santa Maria, contains an invaluable work of Michael Angelo. Beside this, are the Ospedale del Pannatone, and the Deaf and Dumb Institution; the former again confirming the remark made in regard to the ornate appearance of many of these institutions.

I remain respectfully yours, &c.

WM. W. MORLAND, M.D.

#### MODERN EMPIRICISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Justice to the medical profession demands that a strict line of demarkation between the true and the false, the valuable and the worthless, should be faithfully maintained. It is the duty of every lover of his profession to oppose every species of imposition and every form of error. The multiplicity of forms which quackery assumes at the present day, is a matter of great moment both to the community and the physician, especially to him whose principles are founded in integrity. The position taken by Dr. Rockwell, in his dissertation read before the Hartford Co. Medical Society, that however absurd the principles, or ignorant the advocates, of the many forms of empiricism now prevalent, they readily find favor, and that too in the minds of those of whom we might expect better things, is true, and can be proved in almost every city and town in the land.

The most prominent and most absurd of all humbugs, I think is homœopathy. The arguments of some of its advocates are founded so entirely in error, that it is worse than useless to devote any time to show their fallacy. When, however, those who, we are induced to suppose, were educated in sound and rational principles, depart from the faith and

embrace any delusion, still adhering to their former title, it is proper that they should be noticed. Whether it is a fact or not, that "psora" is the grand cause of all chronic diseases, I shall not stop here seriously to inquire. I will remark, however, that the connection of the "costiveness" of one of your correspondents, as an *effect*, and the itch as a *cause*, is not, to my mind, very apparent. Indeed, the treatment said to have proved effectual in its removal, excites a strong suspicion in my mind, that the "sensibility" of the Dr.'s upper extremity, as well as that of his "rectum," has become much "obtunded and enfeebled." Seriously, how any man can come to the conclusion that "five globules of muriate of soda" can affect the system in any way, even though it may be of the "thirtieth" or thirty thousandth "potency," I cannot comprehend. The result of such nonsense is, that the popular mind is rendered unstable, and that confidence which is so necessary to successful practice, is destroyed. Any man of moderate powers of reasoning must be convinced, that, in the course of his life, he has used the article in all its potency, from the smallest appreciable quantity, yea, in smaller doses (if possible) even than homœopathy itself would *dare* to prescribe, up to the gigantic dose of the murderous allopath, and, strange as it is, he is yet alive. But I perceive that the old proverb, "What is bred in' the bone," &c., is true in the case of your correspondent; for he more than intimates that "a most intractable" case of "osteocèle" in the case of his daughter was cured by "two globules of plumbum." If this is not ridiculous, it is akin to it. It is undoubtedly a "fact" that a "tumor" existed, and that "two globules of plumbum" were administered; but that it was a case of "osteocèle," or that the article named had any agency in its removal, I seriously doubt. It is too much for my credulity. "Facts" like these must undergo the "dynamising process of Habnemann," and be endowed with homœopathic potency, before they can produce conviction in my mind.

One great evil connected with the prevailing errors in the practice of medicine, is, that public discussions are held, submitting the case for decision to a promiscuous public audience—a tribunal in no-wise prepared to decide, and one which is quite as liable to be governed in its decisions by error as truth. The advocates of Thomsonism are desirous and have succeeded, in some cases, of drawing out public discussions upon the merit of the two systems. Now until the public can be educated in all the branches pertaining to the practice of medicine, it is useless, and worse than useless, for the reason given above, to enter into any discussion with them. I think it far better to refuse, in every instance, to meet them for the purpose proposed, for they have nothing to lose, and consequently to defeat them gains nothing to their opponent. A more complete separation from them than now exists on the part of the regularly educated practitioner, would be better, and result in a more clear distinction, in the public mind, of their proper merit.

I intended to notice some other forms of error, but shall defer them for the present.

L. W.

*New Britain, Ct., June 11th, 1846.*

## CASES OF MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.**—Some three months since, I had an opportunity of examining a female child born in Wayne Co., Michigan, in November last. The parents, about 34 years of age, have nothing unusual in their appearance. The infant (the third which the mother has had) is about the ordinary size, head well developed, and her countenance very sprightly. The deformity consists in the absence of both arms, a defect of one leg and both feet. Where the arms should be, or over the cavities of the scapulæ, there is a fatty, fleshy, cushion-like substance, upon which is a slight depression; within this is a corrugated prominence, resembling a depressed nipple; about two inches above this point is a little spot about one eighth of an inch in depth and breadth. The muscles for the motion of the arm appear to be inserted into this cushion on the shoulder, which make it full and round, and give free motion to the scapulæ. In the leg, the thigh bone is absent, the tibia being connected with the hip by a loose attachment, and immovable by muscular action, though the mother thought she could move it freely. The child is healthy and very fat, the latter circumstance rendering it quite difficult to determine exactly the nature of this connection. It therefore had one long and one short leg. The feet were smaller than natural, and there were but four toes on each foot; the toe next the great one was wanting. The mother said she knew no cause for the deformity. The shoulders appeared as though nature, in an early stage of gestation, had very nicely amputated the arms at the shoulder-joints.

**II.**—The following case occurred in my own practice in March, 1845. I visited a lady, 44 years of age, in labor at the eighth month. She had borne seven or eight children before; the last, twins, five years before; one, now living, has short, thick, broad feet, and a little clubbed; the other was stillborn (being killed with ergot), and was not deformed. She stated that her water had broken, and pains were urgent. Examining, I found the uterus but little dilated; could perceive nothing but an elastic fullness through the parietes of the uterus. About an hour after, I found it well dilated, and high up was an irregular tumor, like liver and a loose substance around, which somewhat embarrassed me. I gave my opinion that probably there was no child, though she thought she had felt slight motion for some months. After continuing my efforts to reach higher, and the uterine contractions had brought down the mass, I succeeded in touching the point of the sternum and the ribs; soon hooked my fingers over a thigh, brought down the legs and breech, and delivered; the head soon followed. The deformity was the absence of the abdominal walls and diaphragm, the viscera being covered by a membrane; the cord, very small, only four inches in length, attached to it at the edge of the sound parts, on the right side. The liver was lobulated, contained several cysts of thin, transparent fluid, about one fourth of an inch in diameter; the urinary bladder contained some fluid. There was no anus or vulva, and no distinction of sex, except, perhaps, a reddish substance about the size



of a pea in the pelvis under the bladder. The muscles and integuments of the loins were contracted and twisted, so that the pelvis was turned half round, and the knees bent upon the scapulæ. The feet were clubbed in such manner that the bottom of one was on the occiput; the top of the other was on the left ear; the right hand so proned that the palm was backwards and outwards. The mother of this child has been subject for years to attacks of ague, and during gestation was afflicted with chills and a severe cough, which became after confinement quite alarming; but by a prompt use of calomel, morphine and quinine, she recovered from the chills, and with the addition of hydriodate of potash, she entirely recovered from the chills and cough. Four months from the time of her confinement, and two months after her cough had ceased, she died with all the symptoms of tubercular disease, except the cough. Her mother died with consumption.

A. G. CRUTTENDEN, M.D.

Saline, Michigan, June 8th, 1846.

#### HOMŒOPATHIC CURES.

"Opposed as we are to this system (homœopathy), from a conviction that its success depends on the *imagination* of the patient, it would be useless as well as dishonest to pretend that its downfall is near at hand."—J. V. C. SMITH, M.D., *Ed. of the Boston Med. and Surg. Jour.*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The opinion of Dr. Smith, that the extraordinary cures that are effected by homœopathy, are dependent on the *imagination*, rather than the efficiency of infinitesimal doses, is unconsciously paying a high tribute of praise to this class of physicians, who, to merit it, must have acquired the confidence of patients, which has hitherto been attributed to no practitioner or association of physicians. Nothing would contribute more to the elevation of the healing art, than the possession of the capacity of curing diseases by the power of imagination. In such an event, it would be unnecessary to drug *infants* and *children* with disgusting potions, prevent the necessity of waiting to see the effects of the charm, and remove a source of anxiety which every conscientious physician must inevitably feel, until he has ascertained the result of his prescription. But, in the following instances, it would be taxing credulity to its utmost, to ascribe to the imagination the development of the specific action of mercury. In one case, ptyalism was produced by globules of mercury of the fifth trituration, which was subdued by a dose of globules of sulphur of the same potency in forty-eight hours. In two other cases, incipient indications of ptyalism occurred from mercury in very attenuated doses, which rendered it proper to discontinue its administration.

That medicines prepared according to the directions of Hahnemann, possess activity, will bear the test of the most scrupulous investigation. Trituration has the property of eliciting the medicinal virtue of an inert substance; for instance, quicksilver, which has scarcely any or no effect on the organism in its crude state, by this process becomes an active and indispensable article in therapeutics, either by the mere division of its particles, or

imparting to it a power hitherto unknown. "Hic agendi modus vulgo attenuatio aut dilutio, rectus explicatio aut extensio virium medicarum appellari debet, perinde ac calor lateus e corporibus aut terendo excuditure aut quibusdam misturis chemicis vigore prius incognito erumpit." *Pharmacopœia Homœopathia*. Edit. F. T. Quim, M.D., Medicus ordinarius Leopoldi primi regis Belgarum, Societatis Regiæ Londinensis, Academiæ Regiæ Medicæ Instituti Regii Neapolis et Societatis Homœopathicæ Lipsiæ Socius.

WILLIAM INGALLS, M.D.

June, 1846.

## HOMŒOPATHIC REMEDIES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Journal of May 27th, 1846, I observe that William Ingalls, M.D., announces his own cure of costive habit by "infinitesimal doses" of muriate of soda; and also the cure of his daughter, by the like doses of "plumbum," of "a tumor situated at the root of the molares." Now, sir, will it be thought impertinent, through this medium, to inquire of the doctor the precise doses of these remedies, and also the precise mode of their preparation?

If Dr. Ingalls is the same gentleman who, many years since, delivered lectures in Providence, R. I., your present correspondent then had some personal knowledge of him, and would feel gratified and more confidence in his mode of treatment than he should if obtained from other sources. Besides, this information might be not only a personal, but a public benefit to your great number of readers.

I am not versed in homœopathy. Still I have no reason to believe that men of the character of Dr. Ingalls deal in remedies which they will not make public, for public benefit. "Lead is not officinal in its metallic state. It occurs in nature in three principal states—as an oxide; as a sulphuret, called *galena*; and as a salt, forming the native sulphate, phosphate, carbonate, chromate, molybdate, and arseniate of lead."

If the doctor should be good enough to deign a reply, the kind of *lead* to be used, and what an *infinitesimal dose* is, are the particular subjects of inquiry, with the mode of preparation.

J. C.

## A CASE OF ACUTE GLOSSITIS.

By Thomas Hamilton, M.D., of Thistledeale, Cass County, Ga.

A MONTH ago, a young gentleman, whose residence is a little more than thirty miles from this, in the direction of Tennessee, and in a neighborhood in which several deaths, it is said, have occurred from a disease prevalent there under the popular name of "black-tongue," was unfortunate enough, while on a visit in my neighborhood, to receive a fracture of the thigh bone. The obvious inexpediency of any attempt to carry him home, together with my sympathy for him, moved me to offer him a

room at my house, to which he was carried, under the eye of his intelligent physician. Within a few days afterwards, his black man, John, came down from home to wait on him, and this he continued to do without attention to any other business for the last three weeks. John's age is about 25 years, he is by nature cheerful and active, has a sound constitution, and was in health till Tuesday, the 17th of this month. At 11 o'clock in the forenoon of that day he was heard to speak of a slight smarting sensation in his tongue, affecting mostly its right side, and which he had just then for the first time perceived. Within four hours afterwards, or by 3 o'clock in the afternoon, this sensation had assumed the character of a constant pain, attended by a sense of heat; and notwithstanding neither his pulse nor skin indicated fever, it was thought proper to prescribe a dose of sulphate of magnesia, which he took without delay. In the course of the afternoon, and before the operation of the salts, head-ache came on; with increased secretion of saliva and a sense of burning in the skin on the right side of his neck, his description of which agreed with that of erysipelas. Neither swelling nor hardness anywhere appeared except in his tongue, which was now perceptibly thickened and somewhat rigid; it was too a little more florid than is usual in the healthy state, yet it was moist and but slightly furred. At 7 o'clock of the next morning, his medicine having produced three or four alvine evacuations, his head-ache was abated, and he thought his case in other respects no worse. His pulse, however, had begun to indicate a febrile movement, his articulation was impaired by increasing rigidity and tenderness of his tongue, and a long cylinder of viscid saliva hung from his mouth. This body of saliva, which he was unable to discharge by the action of the tongue and lips, he occasionally removed with his hand, but by an active secretion it was immediately reproduced. By 1 o'clock in the afternoon the case had made fearful progress; the patient's skin was hot and dry, his pulse had acquired a firmness and frequency much above the healthy standard, and the hardness and tenderness having extended from his tongue to all the parts embraced by the rami of the inferior maxillary and the hyoid bones, he was without the power of articulating a word, and at every breath he groaned.

Decisive treatment was now determined on: accordingly a vein was opened, from which the blood was permitted to flow in a large stream until relaxation was denoted by a weakened state of the pulse, anxiety, nausea and sweating. Half an hour afterwards the anxiety and nausea were carried off by the act of vomiting, after which the patient rested quietly. At 5 o'clock, which was the fourth hour after the time of bloodletting, the case was again examined, when the pulse was found to be recovering its firmness, and the skin to be losing its softness. With a view to restrain the circulation steadily, and to maintain the softness of the skin, it was deemed expedient to employ a nauseant in aid of the lancet: accordingly the patient was turned upon his back, his head a little elevated, and half a grain of tartar emetic, dissolved in a spoonful of water, was, with some difficulty, conveyed into his stomach. Within twenty-five minutes after the administration of this remedy, its effects ap



peared in a general perspiration, a reduction of the pulse, nausea and restlessness; and the lapse of an hour brought about an effort to vomit, by which these were entirely removed. After this, the state of the pulse and skin continuing good, medication was omitted, and the patient, free from pain, rested comfortably through the night. At 7 o'clock of the next morning, he was so far advanced in convalescence as to need no other prescription than that of rest and a gruel diet.

Having read but little, and seen less of diseases for the last ten years, I must leave it to others to decide what affinity, if any, this case bears to the western epidemic commonly called the "black tongue." Yet, judging from the rapid progress of the symptoms and the intensity of the inflammation, I may hazard the opinion that the tendency was to a termination in gangrene, and that nothing was wanting to have made this a case exhibiting a livid appearance of the tongue and contiguous parts, but delay in the use of proper remedies till it should have been too late for them to avert such a termination. Most probably it would have been a case of black-tongue indeed, and one well calculated to discredit the lancet, if the patient, in the dread of treatment or hope of amendment, had deferred the use of the remedy until symptoms should have supervened, suggesting the name for his disease.

It is well remembered to have been said by the "greatest and best" in the profession of medicine, that the lancet is the "magnum bonum Dei": and although this truth will survive the wreck of many an innovation in theory and practice, yet its full benefits can never be realized until it comes to be generally known, that the efficacy of bleeding depends upon its early employment, as cases like this tend to show.—*Southern Med. and Surg. Jour.*

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#### TREATMENT OF TYPHUS FEVER.

[THE following remarks on this subject are copied from the Dissertation read by Theodore Sill, M.D., at the Annual Meeting of the Connecticut Medical Society, May 14, 1846.]

In speaking of the treatment, I would do so with all due deference to the opinion of my respected medical brethren, who may differ with me in their views of its pathology and treatment, for there is probably no disease of equal frequency and importance in our country, in the treatment of which there is less uniformity than in this.

I only give you my own conclusions, resulting from a careful investigation and treatment of cases in my own practice, and observation of cases occurring in my immediate vicinity.

It is impossible, within reasonable limits, to discuss the merits of the different methods of treatment, which from time to time have been adopted, or those which are still pursued. Suffice it to say, they are, many of them, as different as light from darkness, and I confess it not a matter of surprise, that mankind should lose their confidence in medical men, when

it is so well known that there is such entire discrepancy of opinion in regard to the treatment of so formidable a disease as typhus fever.

In the treatise of Robert Hooper, we find the general character of the treatment of most medical authors who have written upon this subject. He mentions as among the most "likely means" of "effecting a cure," "antimonials until full vomiting is excited," "active cathartics to clear out the bowels, and to keep up this function through the entire course of the disease." "The preparations of mercury, assisted by saline compounds," he considers as all important, and not satisfied with them, he recommends the "abstraction of blood," with a "general antiphlogistic regimen."

Now if consistency be indeed a jewel, such jewels are "like angels' visits, few and far between," in most of the popular treatises on typhoid diseases; for what greater inconsistency can be found on record than that between the pathology, causes and treatment of this disease, among medical writers. All admit as among the most prominent symptoms, debility and exhaustion of the vital energies, and yet all, with here and there an exception, emphatically recommend a free antiphlogistic course of treatment.

Blood-letting, although strongly recommended by many, I cannot but consider as in every respect, contra-indicated, and it is, in my view, wholly inadmissible.

The use of emetics and cathartics, though there may be cases where they are found useful, as temporary auxiliaries, I consider as rarely ever necessary; oftener producing bad effects than good, by destroying the tone of the stomach and bowels, and thus predisposing to troublesome diarrhœa in the later stages. Indeed, I have rarely ever found diarrhœa attending typhus fever, except in those cases where cathartics had been tampered with at the onset.

I believe almost every case may be considered as safe while there is no evacuation from the bowels, for I have never known a fatal termination when entire control was had over the bowels during the progress of the disease.

What possible good, I ask, can arise from evacuations from the bowels, while those organs are apparently free from the diseased action, and when it is so obviously important to retain control over that function?

If the pathology and symptoms of this disease, as here laid down, are correct, the only common-sense and rational mode of treatment, seems fully apparent: to *sustain*, and if possible, *increase* the enfeebled powers of the system, to equalize the circulation, to allay the morbid irritability and irritation when it exists, and, by a prompt, regular and uniform support, to enable the system to re-act and to throw off the diseased action. To the emphatic direction of Dr. Good, I firmly believe I have been more indebted for my success in the treatment of this disease, than to all or any of the elaborate treatises ever written on this subject, viz., "It never should be forgotten that the disease, in every stage and variety, is one of sensorial debility, leading on to putrescency; and that our only hope of cure depends on economizing the nervous power that remains—

supporting it as far as we are able without further loss, and opposing the natural tendency of the disease, by such tonics as the system will bear." "On this account," he says, "whatever tends to weaken the animal frame generally, or any one of its functions particularly, must, as a common rule, be carefully abstained from; and hence, severe evacuation by bleeding or purging, are among the foremost objects of prohibition." I am aware that the use of tonics, except in the later stages, is objected to; and yet, notwithstanding these objections, I have every reason to believe that their early and prompt administration increases, tenfold, the chances of recovery.

A few words in regard to the possibility of interrupting or cutting short its progress. I am clearly of opinion that in many cases to which I have been called, and which would have proved decided and strongly-marked cases of typhus, if left for the feeble powers of the system to contend with alone, prompt and decided medication has proved successful in interrupting its progress, and effecting a resolution and a restoration to health, within the first two or three days. I admit, that at the time a physician is ordinarily called, it is impossible to accomplish this; but during the early stage of the attack, while the patient is cold, feeble and languid, a prompt and efficient medication, such as the symptoms demand, will often cut short the disease, and result in a rapid restoration to health.

In many cases, the attack is mild—the symptoms not urgent, and almost any article of medicine which produces a strong impression upon the system, may break up the disease in its incipient state; and this fact, I have no doubt, leads often to the rash and desultory course of the careless practitioner. But ought we to be satisfied with merely making a strong impression at hazard, without regard to the peculiarities of constitution—the severity or mildness of the attack, or the character of the prevailing epidemic? Ought we not rather to adopt some general principle of treatment, which would meet alike the mild and the grave cases; for although the indications in one case, are far more imperative than in the other, yet our principles of treatment ought, and to ensure success, must be, one and the same.

In the low and exhausted cases, there is one indication only, and that imperative; to excite and support the powers of life, waiving every other consideration.

I have every reason to suppose, that in many cases of this character, that have come to my knowledge, a fatal mistake has been made by a careless and hasty investigation, and that in many of them a single venesection, an antimonial emetic, or an active cathartic, has ensured to the case a rapid and fatal termination.

The importance of early medication will be apparent to all, and it is to be much regretted that many cases do occur where medical aid is not called sufficiently early to arrest the progress of disease; and it is still more deeply to be lamented that in a large number of cases, we find that the patient has been, for days, so injudiciously tampering with medicine, as to disconcert every rational plan of management.

To accomplish the main indications mentioned, there is no one article



of the *materia medica*, more safe, more efficient, or more indispensable, than *opium*. In the early stages of the disease, to allay the morbid irritability and irritation, and as the "king of stimulus," it has its important place; but in the later stages of grave cases, its peculiar and happy effects are more apparent. The febrile irritation—the restlessness—the anxiety, wakefulness, subsultus and tremors, epigastric sinking, and diarrhœa, are by its use controlled. The *coma*, occasionally occurring in severe cases, is more easily overcome by opium, at short and regular intervals, than by any other remedy. No good can be obtained by an unsteady and irregular use of this article, for it is only by a uniform and regular administration, in efficient doses, repeated at short and regular intervals, that its good effects are seen.

During the early stages, the regular and uniform use of simple aromatic bitter tonics, acrid stimuli, and diaphoretic drinks, such as serpentaria, chamomile, columbo, galangal, capsicum and lyttæ, and such others as belong to a moderate tonic and diaphoretic regimen, are of the utmost importance. The capsicum, in infusion, of all those named, seems to produce more favorable results than all the others, alone or combined. The thirst of the early stages, is by its use relieved; the dry and darkly coated tongue becomes moist under its influence; the torpid and inactive condition of the mucous membrane of the whole alimentary canal—the cold and livid extremities—the epigastric sinking, are all disposed to yield to its free and uniform use.

The tonic power, however, of any or all of these, is but feeble, and although they may, and often do, accomplish all that is desired, in mild cases, yet in grave ones there is no one article of the *materia medica* of equal importance, as a tonic, to bark. In the form of decoction, conjoined with galangal, it has been my chief dependence during the entire course of the disease. I am aware that some substitute the sulphate of quinine for the bark itself, but after a long trial of it I find myself wholly unable to depend upon it as a tonic, in febrile diseases.

Diffusible stimuli, such as carbonate of ammonia, and camphor, I have found highly serviceable, as equalizing the excitement, determining to the surface, calming the low delirium, and acting as a steady, permanent cordial.

Alcoholic stimulus, in such quantities as the symptoms demand, indicated by the degree of exhaustion, epigastric sinking, state of the pulse, and general appearance of flagging of the vital powers, is appropriate and indispensable, in a great majority of cases; indeed, in many of the grave cases, the free use of alcoholic stimulus is the only means of sustaining the patient, and carrying him safely through the disease.

The mineral acids are not only extremely grateful to the patient, but important as mild, supporting remedies.

Blisters, especially in grave cases, are useful auxiliaries, as counter-irritants, and as proving valuable stimuli to the nervous system.

Cataplasms, applied to the feet and limbs, in every case where there is unequal excitement, and strong local determination, are important.

In those cases attended with diarrhœa, or with hemorrhage, the free

use of astringents, combined with the tonics, such as nut-gall, or white-oak bark in infusion, the infusion of *cornus circinata*, sulphate of zinc, or acetate of lead, are useful and important.

For the tympanitic state of the bowels, so often attending, I have used the nitrate of silver, with the happiest effects.

Constant attention should be paid to the ventilation of the room occupied by the patient. Nothing is more grateful, and nothing adds more to the prospect of recovery, than a free circulation of fresh air through his room; and whether it be summer or winter, cold or hot, day or night, the room should be abundantly supplied with pure, fresh air.

Equally important, almost, with the medication, is the system of diet of the patient. The steady and regular use of such nutritious and supporting diet as the stomach will bear, is essentially necessary and indeed indispensable. During the early stages of the disease, gelatinous and mucilaginous preparations are to be preferred. During the later stages, and particularly in the grave forms of disease, animal broths are by far the best, as affording the best means of supporting the patient. In some severe and lengthy cases, I have directed the free use of chicken, mutton and beef broths, through the entire course of the disease, and with the happiest effects.

*Typhoid Pneumonia*.—In relation to that form of this disease called typhoid pneumonia, which prevails with us more or less extensively every year, and which is so often treated as a highly inflammatory disease, I would only briefly remark, I have never bled a case, and have never lost a case. My treatment has uniformly been a prompt and persevering course of opiates, acrid stimuli, mild tonics, expectorants and diaphoretics. Upon opium, sanguinaria, *actea*, *arum*, *capsicum*, *lyttæ*, *galangal* and blisters, I have mainly relied.

In conclusion, I would remark, notwithstanding all that has been said, in regard to the general principles of the treatment of typhus fever, I do not pretend that cases never occur in which evacuations are not necessary or indispensable; but that they are ever necessary to reduce the system, or that they ever, by their counteracting agency, overbalance their reducing effects, I do not believe.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1846.

*Dartmouth College Medical School*.—This long-established and respectable institution, founded by the distinguished Dr. Nathan Smith, still retains all its original vigor and enterprise. New Hampshire has educated a multitude of excellent medical practitioners, and the machinery is still in successful movement for increasing the number. The circular for the

next course of lectures is already abroad. Dr. Crosby is indefatigable in the department of surgery—a department of great importance in every school. We hear Prof. Hubbard well spoken of as a teacher in chemistry. There has been a culpable neglect of this essential branch of a medical education, throughout all New England, for years past; and it would be gratifying indeed to be able to say, without fear of contradiction, that at Dartmouth College and in other institutions, students who are to be permitted by law, as well as the sanction of society, to prescribe drugs, have actually been taught their true composition and specific action on the human system. Prof. Hubbard has sea-room enough for great distinction in this imperfectly cultivated field.

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*Dunglison's Medical Dictionary.*—Not to know the reputation of this book of books for students, or their seniors who are supposed to be wiser, is admitting one's self to be ignorant indeed. It is to be found every where—and it is deserving the confidence of the profession, since it embraces all that is essential to make clear to the understanding the technicalities of ancient or modern authors. We find no further necessity for speaking of a work of such widely acknowledged utility, than simply to mention the issue of a new edition of 800 pages, at Philadelphia, by Messrs. Lea & Blanchard, which is the sixth and is vastly improved. The doctor says that he has bestowed the same care on its revision and improvement which he did on all that have preceded it—and in proof of this, adds that this edition comprises nearly two thousand five hundred subjects and terms not contained in the last. It is therefore exceedingly desirable to have this edition, to keep pace with the progress of medical science. Ticknor & Co. have fair copies for sale, just as reasonable in price as they could be procured at Philadelphia.

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*Swimming School in Boston.*—An institution has grown into favor in this city, without the fostering aid of a board of visitors, vice presidents, corresponding secretaries or annual suppers by a select number of subscribers, but which is of real importance. The sacrifice of life, in boyhood, is immense throughout the country, every season, in consequence of boys not knowing how to swim. On the borders of the ocean, and especially in commercial places where children are numerous, and the danger from the great rise, fall and force of tide waters, is always imminent to those who venture in without experience in the unstable element, parents should make it a matter of duty, as an essential part of a boy's education, to have him taught early how to swim.

Mr. Braman, at the bottom of Beacon street, in this city, has anticipated every contingency in learning the art, and introduced every kind of fixture and appliance to facilitate the progress of the pupil. No accidents occur, because vigilant instructors are constantly on the spot to watch every movements. Of the physical influences of bathing, it is quite needless to adduce argument, with a view to persuading people to a summer course of ablutions, so conducive to health. Swimming, in childhood, develops the muscular system, while it promotes a healthful condition of the skin. But the thousands of opportunities that may occur for saving another's life, and for ensuring personal security in moments of unexpected calamity on



the water, should prompt every one to be perfectly familiar with the agreeable, graceful accomplishment of swimming.

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*Glass Pad Truss.*—Charles C. Rhinehardt, an ingenious mechanic of Baltimore, has devised a truss, unlike all others known to us, from the circumstance of its having a glass pad. Some of them are concave, some convex; others are oval, round, &c., according to the peculiar condition of the parts where they are to be adjusted. Glass makes a delicately smooth surface, and must be cleanly and comfortable for the patient. All the other parts of the instrument very much resemble the other trusses with which the profession is familiar. Messrs. Carter & Wilson, corner of Portland and Hanover sts., have specimens, where they can be examined.

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*A Cure for Life.*—Those who promise the most, in the way of curing diseases, never lack for believers. A Doctor Somebody, who was never heard of till he announced himself, is calling stoutly upon the public to buy his Vegetable Electuary, which is declared, positively, to be a sure cure for the piles, for life! These modern quacks have advanced amazingly beyond their predecessors in impudence. Present relief only used to be promised; but the new school outstretch the boldest conceptions of the old knaves, for they hold out a perpetual exemption from all diseases known to man, if their patented medications are purchased.

The new pile electuary not only cures that malady for life, but the worse the case, the greater the success—for the potent mixture surfeits on piles with as much gusto as a ravenous wolf would upon a lamb. It is also superior in inflammations and congestions of the liver, spleen, stomach, bowels, kidneys, bladder and mercurial rheumatism! Impurities of the blood stand no chance of escaping its searching influences—and hence scrofulous affections, dizziness and distress, according to the language of a circular thrown into the doors of dwelling houses throughout the town, quail before the shadow of an empty bottle in which it has once been kept! Lastly, the climax is irresistible; it is the royal touch for pregnant ladies, as it “will ensure an easy time, a safe delivery, and sound constitution in the offspring”! All this is brought about by a secret remedy for the piles! No wonder we are ridiculed by half the world. It is strange that any two patrons of patent medicines can look each other in the face without laughing.

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*Vermont Medical College.*—The public anniversary exercises of this institution were held at St. James's Church, Woodstock, on the 10th inst. The anniversary address was delivered by Edward M. Moore, M.D., Professor of the Principles and Practice of Surgery.

The charge to the graduating class was delivered by Benjamin R. Palmer, M.D., President of the institution.

The degree of Doctor of Medicine was conferred upon the following named young gentlemen:—

Monroe Atkinson, Meadville, Pa.; Noyes Barstow, Leyden, Mass.; Amos E. Bigelow, South Barre; William H. Clark, Chaumont, N. Y.; Titus B. Davidson, Lisle, N. Y.; M. Mitchell Davis, Chelsea; Geroe

Green, Albany, N. Y.; Joseph Green, Rutland; Edgar B. Griswold, Grand Isle; Gustavus H. Loomis, Montpelier; Rinaldo B. Mahannah, Farnham, Canada; Benjamin S. Nichols, Enosburgh; John W. Noyes, Williamstown; Daniel M. Parker, Boston, Mass.; Jesse Robinson, Jr. Hartwick, N. Y.; Chauncey M. Rublee, Montpelier; Jacob L. Sargent, Virginia; Lyman H. Stone, East Berkshire; Henry B. Streeter, Woodstock; Dixie Swett, Gilmantown, N. H.; Orson V. Thayer, Hartwick, N. Y.; Abram H. Van Nostrand, Conquest, N. Y.; Calvin D. Vilas, Sterling, N. Y.; Edward H. Williams, Woodstock.

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*Louisville Medical Institute.*—A list of the professors, and a catalogue of the graduates of 1846, in the Louisville Medical Institute, has appeared. The late class was a large one—being 345. Out of that number, 73 were graduated. The honorary degree of Doctor of Medicine was conferred on Mr. Josiah Gregg, of Missouri; Dr. A. W. Chapman, of Apalachicola, Florida; Dr. John S. Lewright, of Kentucky. Robert M. Spencer, M.D., a graduate of the Medical Department of Transylvania University; J. H. Crews, M.D., of Ohio, a graduate of the Medical College of Ohio; and G. A. G. Mayfield, M.D., of Tennessee, a graduate of the University of Pennsylvania, were admitted, *ad eundem*.

From present indications, the next class will be still larger. The Faculty is a strong one, enjoying a reputation, individually, that is calculated to increase the prosperity of the institution entrusted to their keeping.

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*Medicine Man at Columbia River.*—No one can disturb a medicine man in that region with impunity. They are the dreaded ones of the earth, when in anger. When a patient dies, the cause is imputed to the doctor's having been disturbed in his incantations; the intruder is invariably charged with the death, which generally costs him his life, by the nearest kin. It is obvious, by this, that the Oregon practitioners have more influence than their Atlantic brethren.

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*Salivary Calculus.*—The largest accumulation of this substance which we have ever seen upon a single tooth, was presented to us by Dr. Wilkes Allen, of Boston, a graduate of the Baltimore College of Dental Surgery. Its longest diameter is one inch and one eighth, and its shortest seven eighths, and it is nearly five eighths of an inch thick. It is of an irregular oval shape, quite smooth, except on its inner surface, where it had rested against the gum. Embedded in its substance is the entire crown and neck of an inferior dens sapientiæ, the tooth upon which it was deposited, and which, in the removal of this, was brought away with it. It is of a light-brown color, indicative of a bilious temperament, and weighs two drachms and seventeen grains.—*American Journal and Library of Dental Science.*

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*The Oriental Bezoar—an Ellagic-Acid Calculus.*—Mr. Taylor, in an interesting communication to the Philosophic Magazine, describes this calculus, to which so many sanative virtues were formerly attributed. He

finds it composed of "ellagic acid," the peculiar insoluble acid obtained by Braconnot from the infusion of galls. They are generally taken from one of the stomachs of the wild goats of Persia, and also from this viscus in some other species. Mr. Taylor remarks that its chemical composition removes the uncertainty as to the origin of the bezoar, and proves that it is derived from the juices of the plants and fruits on which the animals live.

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*National Medical Convention.*—The following remarks on the transactions and probable results of the late Medical Meeting in New York, are from the Buffalo Medical Journal, edited by Dr. Austin Flint, who was a member of the Convention.

"We defer comments on certain matters connected with the Convention, which afford occasion for remarks; and for the present confine ourselves to a general expression of satisfaction with the success of the undertaking, and the results attained. Although not so completely national as could have been wished, it was as much so as could reasonably have been expected, and in the amount of aggregated character and ability, was all that could be desired. We confess that we experienced emotions of pride and satisfaction, as we surveyed the countenances of our brethren, gathered from distant portions of our country, nor were these motions diminished by their deliberations, which, as a whole, were characterized by dignity, harmony, and good feeling. They, however, who had not the opportunity to judge from personal observation of the character of the Convention, need not the testimony of those who were present, since a large proportion of its members are well known by merited professional distinction.

"It may appear to some, that very little was accomplished. So it does not seem to us. It was not a little to assemble so large and respectable a delegation. It demonstrated the fact, which not a few had doubted, that the plan of a national organization for the objects proposed, is practicable. Had it been generally believed throughout our country that the Convention would have been in numbers and character what it was, the representation would doubtless have been more complete. Uncertainty as to the result, we know, deterred many associations from sending delegates. This obstacle will not exist in the way of the next Convention, which we firmly believe will embrace a full representation from every State in the Union.

"To consider this as but preliminary to another and more complete Convention, in our view, was not only judicious, but absolutely necessary for the successful accomplishment of the objects desired. In order for the action taken by a Medical Congress to succeed in harmonizing different opinions and interests, and be received with a binding force by the majority of the profession, the subjects coming before it must be carefully investigated, all the facts bearing upon them collected, and the various considerations which are involved carefully weighed, previously to a final decision being called for. These conditions could not be complied with at a first, short session, even had the Convention been sufficiently complete. A year's delay will afford time for reflection and discussion, and the formation of deliberate and settled opinions by the profession at large; and in the mean time, it is to be expected that the several Committees appointed, will obtain all the data necessary for a full understanding of the different topics



upon which it is their duty to report. The next Convention will therefore avoid the imputation of acting prematurely, and will be prepared to arrive at conclusions which will be far more likely to meet with general approbation and concurrence. And besides, the next Convention will be more truly and emphatically national in its composition, and its results will consequently have far greater influence and authority."

*Excessive Application a Cause of Insanity.*—Dr. Butler, of the Hartford Retreat, in alluding, in his last Report, to the causes of insanity, says—"Our devotion to business of every kind, is too long continued and too absorbing. We rise early and sit up late, and eat the bread of carefulness, and eat it hastily, that we may carry out those plans of advancement which are so engrossing. The deep traces of care and anxious thought are written on the brow, and their corroding influences consume not only the elasticity of our frame, but in too many instances, it is to be feared, the better feelings of the heart. These influences pervade society in this country more than any other on the globe. They draw within their vortex many who would gladly escape them, and increasing with the flood-tide of national prosperity, threaten to engulf the better feelings and sympathies of the nation in the maelstrom of ambition and gain.

"There are considerations of the highest importance, which should arrest the attention of those who seek the real welfare of their fellow men, the prevention of suffering, and the increased diffusion of human happiness. While so much is doing for the care and restoration of those afflicted with mental derangement, it is singular that such indifference should prevail in regard to its prevention. That public sentiment which would not tolerate the overworking of the physical powers of the child, or the adult, in the workshop or manufactory, allows the delicate organization of the brain to be prematurely developed and overtasked by excessive and unnatural application to the various pursuits and employments of the day. There are, however, some cheering indications of a better state of things. It is to be hoped that a general knowledge of the more simple principles of physiological science will do much to correct the widespread errors both in theory and practice which now prevail. The penalties attached to all violations of the natural laws are as inevitable as those consequent to transgressions against the moral laws of our being. There is no axiom in physiology more true or more frequently disregarded, than that "health of body and mind is more frequently undermined by the gradual operation of constant though unperceived causes, than by any great and marked exposure of an accidental kind."

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MARRIED,—Dr. Phineas Potter, Jr., of Providence, R. I., to Miss H. R. Butler.—In New York, John J. Lasher, M.D., to Miss G. Quackenboss.

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DIED.—At Hartford, Conn., Dr. Sylvanus Fancher, 78, distinguished for his efforts to extend the blessing of vaccination.—At West Hartford, Conn., Wm. H. Haggins, M.D., 49.

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*Report of Deaths in Boston*—for the week ending June 20th, 61.—Males, 35, females, 26. Stillborn, 1. Of consumption, 11—tumor, 2—teething, 1—old age, 1—marasmus, 3—measles, 7—typhus fever, 4—dropsy on the brain, 4—inflammation of the bowels, 4—accidental, 1—convulsions, 1—infantile, 4—inflammation of the brain, 1—inflammation of the lungs, 3—brain fever, 1—disease of the bowels, 1—disease of the brain, 2—spasms, 1—cholera morbus, 1—dropsy on the chest, 1—dysentery, 1—childbed, 1—drowned, 1—disease of the heart, 1—apoplexy, 1—scarlet fever, 1.

Under 5 years, 29—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 3—over 60 years, 4.

*A Case of Asphyxia from Drowning.* By HENRY MORETON, M.D., Assistant Physician to the Bellevue Hospital.—James Welch, æt. 46, born in Ireland, was observed on Tuesday, 2d of June, 1846, to throw himself into the East River, at the foot of 26th Street, during a temporary aberration of mind. Assistance was procured as soon as possible, and he was rescued from the water, after having remained in it for the space of ten minutes.

He was immediately conveyed to the Bellevue Hospital, where I saw him soon after his admission. I found him completely asphyxiated—the whole surface of the body cold, the face livid, the veins of the neck very much distended, the pupils dilated and inactive, and a frothy mucus exuding from the mouth.

He was immediately wrapped in hot blankets, and insufflation attempted, but without success. Friction with mustard and vinegar was resorted to, one person being employed at each extremity. This treatment was continued for twenty minutes, without the least apparent change in the condition of the patient, when tr. cantharid. and tr. capsici. were substituted for the mustard and vinegar.

Warm brandy and ammonia were then poured into the mouth, but the function of deglutition, as well as that of circulation and respiration, was entirely suspended. A stimulating enema was then administered and retained.

In consideration of the congested state of the lungs and brain, I now consulted with Dr. N. Taylor, respecting the propriety of venesection, in order to relieve this surcharged condition of the nervous system, the result of which consultation was, that although depletion might restore the circulatory and respiratory movements, still, in the before-mentioned condition of the patient, general depletion was thought to be inadmissible; but as the same objections could not arise from the *local abstraction of the blood*, cups were applied over the thoracic and epigastric regions—after which, slight pulsations were perceptible at the wrist, but no action of the respiratory muscles.

One hour had now elapsed since his admission, the cups were renewed and the friction continued for half an hour longer, without any change for the better; when considering his case almost a hopeless one, I thought myself justified in resorting to a powerful derivative, and accordingly applied boiling water to his feet and legs, which to the surprise and gratification of Dr. Taylor and myself, as well as the patients in the ward, acted promptly in restoring him, as the man immediately uttered an exclamation of pain, drew up his legs spasmodically, and in the course of two minutes was sensible, and reaction had thoroughly taken place.—*New York Medical and Surgical Reporter.*

*New Medical Works in London.*—The Structure and Functions of the Female Breast, as they relate to its Health, Derangement, or Disease. By E. W. Tuson, M.D., Physician to the Middlesex Hospital.—A New Translation of Laennec's Treatise on Mediate Auscultation and Disease of the Chest. Edited by T. Herbert, M.D.—On the Nature and Treatment of some of the more Important Diseases, Medical and Surgical, including the Principal Diseases of the Eye. By J. C. Hall, M.D., F.R.S.

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ORTHOPEDIC SURGERY IN EUROPE.

*Paris, May 19th, 1846.*

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In Paris, during the last winter, I have found, as every medical man must find, numerous objects of deep interest; but my attention has been chiefly fixed upon subjects connected with orthopedy. Through the kindness of Messrs. Guerin, Bouvier and others, I have had many opportunities of observation in this most interesting branch of science. I have found in Guerin's wards, at the Hôpital des Enfants Malades, and at his weekly consultations, many cases of great interest. In addition to this, he has, at his own house, weekly meetings of medical gentlemen, for conversation on whatever matters of importance may have presented themselves during the week. Among the orthopedic cases at the Hospital, there were three or four in the various stages of treatment for congenital dislocation or luxation of the hip. To these I paid much attention, and watched their progress with care. Guerin's treatment and theory, in these cases, consists—Firstly, in continued extension of the limb. This is accomplished by means of a weight and pulley. There is a long, leather splint, well cushioned, applied to the leg, embracing it from the knee to the ankle. In this two rings are inserted—one for a cord which runs through a pulley at the foot of the couch, and to which is attached the weight. This is strictly and simply the course "*preparatoire*." By this means, in the course of a longer or shorter period, according to the nature of the case, the head of the femur gradually descends to a level with that of the sound limb. This all-important object being accomplished, the second stage of the treatment, or the process of "*creusant*," is commenced. A simple yet ingenious contrivance is used for this purpose; and the head of the femur in its new position is kept in almost constant action upon the acetabulum, thus excavating for itself a new socket, or rather, I should say, deepening that which we may suppose to have previously existed.

Guerin's theory in this respect is, that in no case is the cotyloid cavity entirely wanting. This he affirms as the result of his own observations on the numerous cases of congenital luxation which he has treated, but more particularly have the various *post-mortem* examinations, made either by himself or by his assistant M. Kuhn (to whom, *post-mortem* examinations of deformity is a subject of deep interest, and one to which he has



devoted much time and attention), confirmed him in his opinion. In every case a cavity has been found. In many cases, no doubt, it is extremely shallow, and in adults nearly obliterated, but never entirely. The patient who has been subjected to the mode of treatment of which I have been speaking, is often, after a certain length of time, permitted gradually to make use of more active exercise, and he proceeds from simply swinging the limb, to the walking stool, in which the chief part of the weight is taken from the still feeble member, and there, as the process of cure continues, he is enabled to make a free use of his own feet.

It may be, however, that before the first part of the process can be accomplished, namely, the descent of the head of the bone, the aid of tenotomy will be required. This may be termed the second class. In this case it may become necessary to divide the various muscles which by their contraction offer an opposition to our efforts. As, for example, I can recall a case in which the tendon of the two adductors, the gluteus medius and minimus, the psoas, the rectus femoris, as also (the case being complicated) the biceps, the external lateral ligament and the tendo-Achilles, were each in their turn divided. But in that class of cases, in which the depression is so extremely shallow as to render vain the attempt to secure the head of the bone in its normal position by this course of treatment, a mode more bold and active must be adopted. In these cases Guerin performs an operation, which first suggested itself to him, as the result of those more general applications of the fundamental principle upon which the operation by the subcutaneous method has taken its stand, and the more extended application of which he is the acknowledged originator. This operation resembles that which he performs for the radical cure of hernia. The head of the femur rests in all these cases on the dorsum of the ilium; the capsular ligament is of necessity much elongated, being stretched, according to the extent of the deformity, either one inch and a half, or two, or sometimes even three inches. The luxation having been reduced either by the simple means, or by division of the muscles, and the process of passive exercise, &c., having been tried without success, there being still, after a proper length of time has elapsed, a constant disposition of the bone to return to its abnormal position, slipping from its place when the slightest weight is applied to it, the operation then becomes necessary. Guerin introduces his instrument from without inward, and carries it down to the capsular ligament, which he cuts across upon a level with the upper lip of the socket. By this means effusion of coagulable lymph is produced. There is adhesion and cicatrization, with its necessary result, contraction. In fifteen days gentle passive motion is made use of, and in time a firm ligament is formed, by which the head of the bone is held securely in its new position. Immediately after the operation a band is placed firmly round the pelvis, with a compress upon the joint. Several other cases were described to me, besides those I have seen at the Hospital, some of double, some of single congenital luxation, in which the operation has been attended with the most favorable results.

4th. There is yet another class of cases. In certain children the re-

sistance to the means employed for producing a descent of the head of the femur, is so great as to render these efforts wholly ineffectual. What is very curious in these cases is, that in lieu of this, there is an elongation of the bone itself, by which ample compensation is made. Thus we have still the signs of dislocation on examining the hip-joint, but on comparing the two limbs we find them of the same length. There was one very fine example of this in the Hospital, affording, by accurate measurement, positive proof of the occurrence of this elongation. The patient, in this case, will have, of course, a slight awkwardness in his gait, but without the usual limp. I will not leave this subject without briefly remarking that in this, as, in truth, is the case in Paris, upon almost every subject connected with medicine, there has been much controversy, and that M. Guerin and Bouvier have arrayed themselves upon opposite sides. Of course, I shall not attempt to form a decided opinion until I have had a still greater number of cases presented to my view, and have had that opportunity for careful and accurate observation which private practice can alone afford.

As a curious example of the truth of the above remark, and of the thorough investigation which all things here undergo, having any connection with the science of medicine, may be cited the controversy which has been going on the past winter between MM. Velpeau and Blandier on the treatment of hydrocele, with the particulars of which you are no doubt well acquainted.

The course of treatment pursued by Messieurs Guerin and Bouvier, and by Dr. Little, of London, for the various phases of spinal disease, is the same as that employed at the Boston Orthopedic Institution, with the exception that the above-named gentlemen adopt the prone position in a somewhat greater number of cases than has been the practice in Boston. The only reason why this should not be more generally made use of in certain cases, is the wearisomeness of the position almost entirely debarring the patient from the amusements of which the other positions admit.

In some cases no doubt this mode of treatment is very important, as in scrofulous disease with excurvation, where the anterior portion of the bodies of some of the vertebræ are in a state of caries. Here the prone position is undoubtedly the one which affords the greatest promise of success, and should in all cases be employed where the patient can be prevailed upon to submit to it. To be used with the expectation of a favorable result, there is much minutiae to be attended to in regard to the formation of the couch, adjustment of the cushions, together with the appropriate body apparatus so arranged that while the patient is recumbent there shall be a gentle elastic pressure constantly exerted upon the protuberant part. Guerin remarks that the course pursued should be the same as that for the fracture of a limb, and that, as far as this part of the treatment is concerned, this disease should be viewed in the same light.

It is greatly to be regretted that in Paris the provision for that large class of sufferers who are afflicted with some of the various deformities

which recent advances in science have so well prepared the surgeon to relieve, but who have the additional misfortune of poverty, should be so inferior and so unworthy the results which might be effected under other circumstances, and which have been brought about in private practice. From the great error which was committed in the first instance of placing the patients of this class in one of their large public hospitals, merely allotting two or three of the smaller wards to their reception, it has seemed to me impossible that in certain cases the surgeon should be able to do either himself or his patients justice. This is more especially the case in lateral curvature, and general feebleness of the muscular and nervous systems, where the all-important auxiliaries of gymnastic exercises, suited to attain the peculiar object in view, be it the development of a particular set of muscles, or the general strengthening of all the muscles, or quickening the dormant circulation and giving vigor to the debilitated nerves, must be for the most part abandoned for the want of necessary accommodations to permit that variety of exercises being made use of, which are requisite to insure complete success. How inferior must such a charity necessarily be, connected with a hospital devoted to other purposes, to one especially set apart for the purpose, be it public or private. Of those of the latter class which I have seen in Europe, that of M. Bouvier has given me the most pleasure. Of the variety and appropriateness of the arrangement to be found at this institution, I shall speak more in detail hereafter.

The couches of extension and sigmoid flexion combined with suitable exercises, are the means considered the most effectual, and upon which chief reliance is to be placed, in cases of lateral curvature. As an adjunct to this, and to be used while the patient is walking, &c., these gentlemen make use of some form of spinal support for body apparatus. This consists for the most part of a modification of Tavernier's Lever Belt, which in a number of cases is without doubt an instrument of great value.

All orthopedic surgeons agree in the necessity of spinal supports being used in some form for spinal curvatures, and for a perfect instrument of this kind, which shall unite the advantages of those we have, without their defects, is what I have sought for diligently. The best which I have seen, where the object has been to go farther than merely to afford support to the spine or staying it in the new position to which other remedies have brought it, until the feeble muscles shall have acquired power to perform their office without this aid, are those employed by Dr. Little, which are still a modification of Tavernier's, but more powerful and better adapted to a great number of cases.

In the treatment of lateral curvature there are of course many other things to be taken into consideration, particularly where there is a scrofulous diathesis, or where the general health is enfeebled. In all cases the attention of the surgeon is to be directed with much care to the less prominent symptoms. Dr. Zinck, of the Orthopedic Institution, Vienna, lays much stress on false positions during sleep, as a cause of this complaint; as, for example, lying with the head inclined toward the left side, thus checking inspiration on that side. He says that on this account the



process of cure is rendered much more tedious, and he considers that patients should be watched much during their sleep, that the injury arising from these false positions may be obviated. He has found the muscles of inspiration on the left side in such cases much atrophied.

In the Royal Orthopedic Hospital, London, much reliance is placed upon the instrument to which I have referred above. This was the first orthopedic institution I visited in Europe. It is solely a charitable institution, and owes its origin to the disinterested efforts of Dr. Little, by whom it was carried to a great degree of perfection and usefulness. Mr. Lamplis is now the senior, and Mr. Lonsdale the junior surgeon. The latter gentleman has already made his appearance before the English surgical community, as the inventor of two or three surgical instruments and apparatus. One, in particular, for the fracture of the lower jaw, bids fair to be an instrument of great value.

This Institution or Hospital has accommodations for about forty patients. During the last year seventy-five patients have been admitted, of whom forty-eight have been discharged cured, and eighteen relieved. The number of out-patients is, however, very large. There are two days in the week appointed for their reception, and on these occasions from sixty to eighty patients constantly present themselves. These are for the most part different on different days, and the whole number dependent upon the institution for advice is nine hundred and sixty-nine. The whole number which have been treated at this institution since its formation, is four thousand. It is supported entirely by subscriptions, which now amount to £1917. The list is headed by Prince Albert, followed by a number of the nobility.

The treatment of club feet is a subject which is now so thoroughly understood on both sides of the water, that I need scarcely refer to it here. The chief difference consists in the form of apparatus employed. That of the model which I brought with me from Boston, is considered by Little, Guerin and others, as one of the most perfect they have seen; and, as Dr. L. observed when speaking of the various apparatus in use, the great expense of this kind of *especial* work in London, is the only reason why this more perfect form cannot be universally adopted.

In some future communication, I shall take occasion to refer to a novel and effectual method now pursued for straightening the bent limbs of rickety children, for the diagnosis and cure of stammering in those cases which admit of a cure, and also for the treatment of some of the varieties of scrofulous diseases and of nervous debility. Until which time, I remain, Sir,

Your most obedient servant,

BUCKMINSTER BROWN.

#### MALIGNANT DISEASES OF THE STOMACH.

Cases treated at St. Bartholomew's Hospital. Reported by E. L. Ormerod, M.B.

*Encephaloid Disease of the Stomach.*—John B——, aged 64; March, 1846; Luke back-ward; under Dr. Roupell. A large, very fat man,

formerly weighing seventeen stone, but now somewhat less; a looking-glass silverer; habitually intemperate; was admitted for weakness and tremors, affecting chiefly the upper extremities, so that he could not feed himself. This was his sole complaint, and thus he continued till within four days of his death, when he was suddenly taken with pain in the head, vomiting, thirst, and complete loss of appetite. He died, after a long painful agony of a day's duration, it is considered of fever, which he had taken in the ward. To the last he was free from pain in the stomach.

*Body examined twenty-six hours after death.*—Warm dry weather. No marks of decomposition externally; no particularly marked sugillations, and no smell of putrefaction. Limbs relaxing from their rigidity. Arachnoid white and opaque, with little white dots in the meshes of the pia mater. Substance of the brain soft, with numerous bloody points, and little vessels full of coagulated blood, drawing out like hairs on suction. The arteries about the base were thickened, and yellow in patches. The pleuræ were extensively adherent; the lungs generally emphysematous, cedematous and posteriorly rotten, readily tearing down under the fingers. Beyond the enormous deposit of fat about the heart, and the deep staining of the lining membrane on the right side, there was little to notice in this organ. The peritoneal surface of the stomach was dusky, and injected near the pylorus; the mucous surface was red and rough, especially towards the pyloric end of the organ. The mucous membrane here, as in the upper part of the duodenum, was emphysematous; the sub-mucous cellular tissue of the stomach infiltrated with a creamy fluid, by which it was widely separated from the muscular coat, the whole of the coats together forming a thick membrane, traversed by fine striæ parallel to each other, at right angles to the axis of the stomach. The emphysematous condition of the mucous membrane tended much to obscure the particular local changes that it had undergone; but a small, white, fungous growth was attached near the pyloric end of the lesser curvature of the stomach, while a ring of the same substance, presenting an appearance very like that of psoriasis, lay near the same place. There was nothing to notice in the small intestines or mesenteric glands. The liver was large, indented by the pressure of surrounding parts, and, as viewed by the microscope, in a state of commencing fatty degeneration. A few cartilage-like bodies, small, with opaque spots and striæ, without any enveloping membrane, were scattered beneath the capsule and throughout the substance of the organ. A lobular mass of fat, partly crossed by fibres of the cremaster muscle, lay attached to the spermatic cord on each side, chiefly external to the inguinal ring.

This case is interesting, as presenting a rather unusual form of malignant disease of the stomach. Rokitsky speaks of encephaloid disease of this part as generally occurring in connection with a high degree of vascular action in parts already suffering under the fibrous form of disease, the areolar being an intermediate stage in the development of the encephaloid from the fibrous. But the encephaloid being more common than the areolar, although a stage beyond it in this process, the difference

is accounted for in the more frequent occurrence of encephaloid cancer as an original lesion, of which the above is an instance. The point, however, to be chiefly illustrated by the annexed cases, turns on the pathology rather than on any exact anatomical distinction of the lesions.

It is remarkable how a man could have gone on, not merely living without any symptoms of so formidable a disease in a part of so great importance and such lively sympathies as the stomach, but actually taxing this organ to its utmost; for his appetite was most voracious, and emaciation had very little reduced the truly enormous deposit of fat with which every part of his body was loaded. The explanation probably lies in the fact, that the diseased part offered no mechanical obstruction to the functions of the stomach being properly performed—that he had so much less surface of stomach wherewith to digest his food—but that the part of his stomach which did execute its functions could do so unhindered by the disease of the pyloric part. The most striking illustration of this principle that we can recall, is mentioned by Pemberton, where a cancerous ulcer had advanced very much further than the disease mentioned above, even to erosion of the walls of the abdomen, “without any one symptom by which such a disease of the stomach could possibly have been suspected,” because “the mischief was so situated as not to interrupt the passage of the food.” The following case supplies an apt illustration, the converse of the above:—

*Scirrhus of the Pylorus.*—William D——, aged 45; March, 1845; Luke back-ward; under Dr. Roupell. A man, with no appearance of malignant disease, extremely emaciated. He had been suffering for nine months from vomiting, about three hours after every meal, this sometimes, though rarely, intermitting for three or four days—from constipation and extreme progressive emaciation. The matters vomited were never mixed with blood, but generally dark brown and pultaceous. He died after about six weeks' stay in the hospital, the only point of interest in his case, beyond the severe vomiting, over which medicine did not appear to exert any control, being the presence of a large quantity of urea in his urine.

*Body examined thirteen hours after death.*—Lungs generally emphysematous; the black pulmonary matter on the surface contrasting strongly with the pale-white color of the rest of the organ. Within, they were œdematous, breaking down readily under the finger, but resisting traction well. A small pulmonary abscess existed near the apex of the left lung, close beneath the pleuræ. Stomach more than four times the ordinary size; externally healthy; within, stained of a dirty purple, and coated with thick mucus, beneath which, the mucous membrane appeared entire but *mamellonnée* in an extreme degree—this towards the pylorus; at the cardiac end the coats were partially digested. The stomach contained a large quantity of the same kind of fluid as he had vomited during life. The pylorus was contracted—so as hardly to allow the passage of a common pencil—by means of a hard ring projecting all round, single on the side that lay uppermost, but on the side nearest to the pancreas double, the two ridges leaving between them a cavity big enough to contain a hazel-



nut. Perhaps the whole morbid growth was not more than an inch and a half in diameter, the pyloric orifice of the stomach lying in the middle of the thick ring. Some small, white, hard bodies were found in the gastro-splenic omentum; none elsewhere. The mesenteric glands were rather large, but grey, and of natural consistency. Except a little black dotting of the follicles of the colon, the intestines were generally healthy.

There can be little doubt that any other mechanical obstacle, acting to the same extent, would have produced analogous results by vomiting and progressive emaciation; for the scirrhus substance in the present instance had not undergone any change by ulceration on the surface; it was merely a hard annular mass, which, but for the little bodies in the gastro-splenic omentum, could hardly have been ascertained to be of a scirrhus nature, the existence of these little bodies being the only evidence that the pyloric disease was not purely local; yet this small mass of fibrous cancer had produced the severest symptoms, while in the former case a far greater extent of encephaloid cancer had existed, not only without a single symptom referable to the stomach, but with proof of an unusual degree of activity of the functions of that organ.

The form of the diseased parts is worth a little attention, for it would appear not to have been merely an accident that the scirrhus growth took the form of a double ring. In the notes respecting a patient in the same ward a few weeks previously, whose symptoms corresponded very closely with those of the last-described case, the changes of the stomach are described as consisting of general thickening about the pyloric orifice, the aperture being reduced to about the ordinary diameter of a drawing pencil in one point. The thickened walls becoming gradually thinner from this point towards the cardiac end, were covered with a smooth mucous membrane, which continued for about an inch; and then, after crossing a somewhat raised edge, the mucous membrane regained its normal surface, and the walls of the stomach their usual thickness. Towards the duodenum, the stricture terminated quite suddenly, but about a quarter of an inch further on, another elevation of the same kind, but of a rather smaller size, was to be observed. On section, the parallel striæ at right angles to the axis of the stomach were very distinct; but in the absence of any other proof of the cancerous nature of the pyloric disease, we have not communicated any further details of the case, which, indeed, only presented the same amount of symptoms, with more local changes, than existed in the one which has just before been related.

These must be considered as cases cut off accidentally, as it were, before the full development of the cancerous mass. It will be interesting to compare them with a case in which the disease run its way to destroy life by the actual amount of organic lesion, without reference to any particular seat of such lesion.

Such a case is the following, which, for actual extent of lesion, exceeds any other that my note-book contains, and having been already referred to, may be conveniently here reproduced in an abridged form.

*Cancer of the Stomach and Peritoneum.*—John B——, aged 56, April, 21, 1842; had suffered more or less pain and uneasiness in the

right hypochondrium for six months; for the last three months has had vomiting after taking food, and for the last few weeks has been obliged to desist from his trade of shoe-making.

Till July 10th, when he died, he presented little to notice from day to day. The general conclusions may be summed up in a few words; that he had progressive emaciation, constant vomiting of almost all that he swallowed, food or medicine, but never of any blood. His appetite was most voracious; his bowels were obstinately constive. The treatment was solely directed to support his system.

The body, on examination, presented an appearance of the most extreme emaciation. The heart was of not more than one third the usual size, and quite without fat. The black pulmonary matter beneath the pleura contrasted very strongly with numerous small white patches on the surface, and entering a little way into the substance of the lungs, which, with the exception of a few earthy concretions, were otherwise healthy. The stomach was reduced to a thickened mass, about the ordinary size of the colon. Internally, it had the appearance of a new ulcerated surface; the scirrhus degeneration implicating the whole circumference of the organ from the pylorus nearly to the cardiac extremity. Its walls were, on an average, half an inch thick throughout; in some points full three quarters of an inch in thickness. There was an extensive deposit of scirrhus tubercles in the omentum, and a few, as noticed on a previous occasion, were scattered about an old hernial sac.

Cases presenting more extensive lesions than the above might easily be found; but they would not all supply the illustration which is here required of the progress of cancer of the stomach, of which neither any particular local obstruction, nor any drain on the powers of the system by hæmorrhage, has hastened the fatal termination. We forbear to dwell on any other single morbid appearances which would require the narration of more cases to show that they were anything but accidental in the particular instance, but we confine our attention here to the illustration of the influence which the situation of the disease has on the production of the symptoms of cancer of the stomach. On this, as on all other questions relating to the subject, it is almost needless to refer the reader to the most elaborate systematic treatises of Dr. Walshe for all that is known of cancer.—*London Lancet*.

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#### FOREIGN BODIES IN THE ORGANS AND TISSUES OF THE BODY.

By W. B. Herrick, M.D., Professor of Anatomy in the Rush Medical College.

EVERY experienced practitioner has, doubtless, met with cases, with symptoms which, for the want of a correct history, or from inattention to minute circumstances connected with their origin and progress, have appeared inexplicable and perplexing.

Symptoms thus presenting themselves, without any assignable cause, are often produced by the presence of foreign substances imbedded in some important organ or tissue of the body, introduced by accident or

otherwise, without the patient's knowledge; its presence not being suspected by himself or his medical attendant.

For the purpose of directing attention to this fact, and to show the importance of inquiring more minutely into the origin and primary cause of such symptoms, we give below the history of a few cases of the kind:

CASE I.—In the fall of 1843, I was called to see Mr. H., an industrious, middle-aged farmer, with a good constitution, who had been suffering, during the 24 hours previous to my arrival, with the most excruciating pain in and around the knee-joint, extending upwards to the hip, and downwards to the foot. Limb high-colored, swollen, and very tender, pulse 100 and full.

It appeared from the history of the case, that while laboring in the field about two months previous to this time, my patient had felt a slight pricking sensation in the integuments covering the joint. Upon examination, a slightly reddened point was discovered, but there being no other evidence of injury, and as exercise caused no inconvenience, he continued his labors up to the time of the inflammatory attack.

Under the influence of antiphlogistic treatment, both general and local, the inflammatory action gradually subsided, and in about ten days all signs of disease had disappeared from the affected part.

About six months subsequent to this attack, being called again, I found Mr. H. suffering as before, with symptoms similar in every respect to those above mentioned. The treatment, this time, though actively antiphlogistic, did not prevent the formation of an abscess in the cellular substance around the joint, which continued to discharge for two weeks, when it healed, leaving no bad effects, apparently, excepting a slightly contracted condition of the muscles of the limb.

In about a year after this second attack, this unfortunate patient was brought upon his bed for the third time, with symptoms identical with the former. An abscess formed as before, which continued to discharge for two or three months, at the end of which time (during my absence) his medical attendant, while passing a probe into the abscess, discovered a foreign substance imbedded in its walls, which, being withdrawn, proved to be the sharp point of a thorn, a half inch or more in length. After its removal, as may be supposed, the abscess healed kindly, and all traces of disease of the leg and knee rapidly disappeared.

II.—A. H., a carpenter, about 25 years of age, of good constitution, and in robust health at the time, was suddenly attacked with cough, profuse expectoration, and difficult respiration, with slight febrile excitement. In the hands of numerous physicians of good reputation, and under the care of as many quacks, for two years after this attack, a part of which time was spent in a hospital at New Orleans, these symptoms became more and more alarming, his sufferings almost insupportable; till, at the end of that time, these apparently characteristic symptoms, his emaciated condition and depressed physical powers, impressed the conviction upon himself and medical advisers, that he was about to fall a victim to consumption.

Thus deprived of hope, and desirous of seeing his friends once more,



Mr. H., by dint of great exertion and bodily suffering, arrived at length at the home of his brother in the interior of Illinois, there, as he supposed, shortly to end his days.

Soon after his arrival, and during one of the violent fits of coughing, to which he was subject, a foreign substance, which proved to be a fish bone, cuboidal in shape, and a half inch or more in diameter, was suddenly and forcibly ejected from the laryngeal opening upon the floor.

From this time forward, all the alarming symptoms began rapidly to abate, and at this time, two years since, the individual above named is in perfect health.

After the above fortunate termination of his disease, Mr. H. recollected that a month or two previous to the appearance of the above-named symptoms, while dining upon fish, he inhaled, as he supposed, a small portion into the air-passages, but, as it gave him but little trouble at the time, he thought no more of it, and did not, during his illness, suspect, even, the true cause of his sufferings.

III.—A friend of mine, a physician, has given me the history of the case of an individual who fell, accidentally, upon the extremity of a blunt stick; which, piercing the clothing and integuments, passed into the cellular substance surrounding the lower part of the rectum. The opening thus produced assumed the character of a fistula, and remained open for a long time after the accident. The operation of laying open this cavity, was at length performed, which resulted in the discovery of a piece of cloth imbedded in the tissue at the bottom of the ulcerating canal.—*Illinois and Indiana Medical and Surgical Journal.*

#### CASE OF STRANGULATED INGUINAL HERNIA.

By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

On the 17th of last August, I was requested by Drs. Hanson and Jones, of an adjoining county, to see, with them, a patient laboring under strangulated hernia. Mr. G. S—— is about 44 years, weighs 185 pounds, and is only five feet six inches high; his habits are very good. In 1841, four years ago, while lifting a cotton bale, "he felt something give way in the region of the right groin." On Thursday, the 14th of August, when sowing turnips, he suddenly experienced pain low down in the right side of his abdomen. He took, soon after this, a dose of salts, which acted freely upon his bowels; but as no relief was thus obtained, Dr. Hanson was sent for, and reached him early on Saturday morning the 16th. Mr. S. was now freely bled, and means employed to reduce a hernia found existing in the right inguinal region. Reduction not being effected, Dr. Jones was sent for, and arrived the evening of the same day. All ordinary means failing to restore the protruding viscus, including tobacco injection which evacuated the bowels freely, I was sent for at 2, A. M., of the 17th, and saw the patient a few hours afterwards. At half past 8

o'clock, having exhausted taxis, &c., as my two professional friends had already done, the operation was decided upon.

The tumor extended from the external abdominal ring to the bottom of the scrotum on the right side. It was much distended, and the patient complained of great pain at this region. In making the incisions, the *arteria ad cutem abdominis* was found to require the ligature, and when the sac was opened, a saucer was employed to catch the bloody serum which flowed out. Of this there was more than a half pint, which, together with a portion of the omentum, about the size of a man's fist, formed the hernial tumor. There were no adhesions to the sac. The internal abdominal ring was now divided by carrying the edge of Sir Astley Cooper's knife directly upwards, and efforts made to return the protruding portion of omentum. From the induration of the part presented at the internal ring, success did not attend this attempt at reduction. The knife had again to be resorted to, and the ring greatly enlarged by free incisions, and then the omentum only returned by prolonged and forcible manipulations.

After the operation, we concurred in the opinion that our patient, in all probability, would not long survive it. Forty drops of laudanum were prescribed, also absolute diet and quietude. Upon opiates, however, was placed the greatest reliance; and Dr. H., the family physician, kindly consented to remain twenty-four hours with Mr. S.

On the 19th, two days after the operation, I was much gratified to receive a very favorable report from our patient. His sufferings had gradually diminished, his pulse was at 88, and his wound, which was now dressed, found to be doing well. We even placed him on another mattress, while his bed was made up, and his linen changed. He had yet had no evacuation from the bowels, but had passed some flatus. An emollient enema was prescribed, should he be troubled in the bowels during the day, which if not moved on the morrow, were then to be stimulated to action by an injection.

The 1st September I heard Mr. S. was improving, and on the 6th of October, he went eleven miles to vote at our State election. The ligature to the small artery was not removed until the 16th of this month, and during November last I met him in our streets attending to his business.

The soft pad of a truss, with rather a weak spring, was recommended to be worn, in this case, for a few months.—*Southern Med. Journal.*

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#### NEW METHOD OF PRESERVING ORGANIC MATTERS.

At a late soirée, held by the Marquis of Northampton, Dr. Sylvestri, Physician to the Royal Hospital at Naples, and chief Physician of his Majesty's guard of honor, exhibited several preparations made according to a method discovered by him. By this process, organic matters are perfectly preserved, being converted into a substance possessing the hardness of stone, and admitting of being polished. Among the preparations shown, were a portion of human liver, a section of a kidney, a section

of a testis, and some hands and heads. In these specimens the texture was perfectly apparent when examined with a magnifying glass, but the substances themselves had acquired the hardness and resonance of stone. The head of a ram possessed the stony hardness peculiar to these preparations, while the ears and hairs retained their natural softness and pliability. Birds submitted to this process, retain their feathers uninjured either in color or pliancy; fishes are coated by a kind of transparent varnish; and the cornea retains the transparency of life. Dr. Sylvestri has also succeeded in preserving flowers in the same manner, the petals retaining their natural hues, and the stem and leaves their pliancy and verdure. He gives the following statement of the applications of his discovery:—

“An entire corpse, without being injured in the slightest degree, can be brought to a consistency approaching to petrification, and preserved for an indefinite period in full perfection of form, with the hair, nails, &c. Like a statue it can also be placed in any given position, as illustrative of individual character or station.

“Animals of every species, from the elephant to the insect, are susceptible of being reduced to the same state of consistency and preservation. The plumage, fur, wool and all other adjuncts of nature, remain entire, retaining the same color, firmness and flexibility that they had at the moment of death.

“The same result can be produced in the single parts, organs, &c., of any organic animal body, without undergoing any alteration whatever, even though injected previously to the operation.

“All the objects in question may be petrified in such various degrees of intensity as may be judged necessary for the purposes of dissection, observation, examination, &c., with perfect freedom from stench, and all else of an objectionable nature, either when handled, or preserved as objects of curiosity.

“Flowers and plants can be preserved unchangeable, with their colors, form, leaves and stems, as if just gathered.

“The advantages of the new discovery are, That the processes hitherto practised for the embalming and temporary preservation of human bodies become needless, as under the circumstances every one would have recourse to the discovery in question, which would also foster the natural desire to rescue from corruption the remains of illustrious men, and of individuals dear to their respective families.

“That zoological societies may provide specimens of animals preserved in full integrity by the new process, which also renders further trouble unnecessary, as they emit neither bad odor nor injurious exhalations, too often the case in the common method.

“That such persons as have enjoyed the companionship of domestic animals, or have received services from them, will be able to preserve and display them after death, as monuments of their sensibility and gratitude.

“That, for the convenience of students in natural history, glass cases with double fronts, may be formed, to facilitate the exhibition and knowledge of the various classes and species of animals, for the furtherance of the verification of facts.



"That schools, theatres, and cabinets of anatomy, will be able to secure in abundance, objects prepared by the above method, for the observation of nature itself in the various branches of descriptive, comparative, and pathological anatomy—studies prosecuted hitherto with the aid of decaying cori ses, inappropriate or imperfect specimens modelled in wax or pasteboard, or preserved in spirits of wine, which invariably operates injuriously on such objects as are placed in it.

"Instructors and scientific men will not fail to provide themselves with specimens of the operation of this new discovery, which will enable them to study, for the first time, the internal construction and tissue complete and unchanged. A more interesting contemplation can scarcely be conceived.

"In the preservation of flowers and plants, botanical societies and collectors will profit by the new discovery."

Dr. Sylvestri has also discovered a fluid for preserving animal matters, and which he considers will be found a complete substitute for alcohol.—*London Lancet.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 1, 1846.

*The Hot Springs of Virginia.*—A pamphlet of ninety-five pages—called the Invalid's Guide to these celebrated fountains of health—brings to recollection some pleasant excursions over the Alleghany Mountains, in by-gone times. Besides being a directory, this compact pocket assistant contains an account of the medicinal properties of the Hot Spring waters, with cases illustrative of their effects, together with an account of the medical application and effects of the waters of Weisbaden, Wilbad and Carlsbad—three of the most celebrated hot springs of Germany, &c. This little manual is by Thomas Goode, M.D., the proprietor of the establishment. On looking over the pages, we regret to find that Dr. Goode has suffered from the misstatements of his enemies, who fain would have the public believe that he is an extortioner in regard both to professional fees and hotel charges. It was not necessary for Dr. Goode to meet such injurious representations, as no one, it is believed, whose opinion or influence is worth having, would be influenced by the stories of persons who fatten on evil reports. From personal observation at the springs, from intercourse with invalids who have been under Dr. Goode's care, and, lastly, from an agreeable interview with him ourselves, we voluntarily offer our own rebutting testimony, and gladly improve this occasion for saying that the Hot Springs are powerful remedial agents, and the proprietor a judicious medical adviser. Sick or well, when from home, we never expect to be in more delightful quarters, nor under the guidance of a kinder, more sensible or upright landlord, than we found at the Hot Springs of Virginia.

*Manufacture of Artificial Teeth.*—M. P. Hanson, M.D., Tremont Temple, is becoming known for his singular success in copying nature even in her best efforts. His artificial teeth, gums, &c., are very perfect specimens of artistical success in practical dentistry. His gold work, too, is wonderfully fitted to all the depressions, elevations and irregularities of the jaws, and almost induces one to prefer the work of modern human genius, to dame Nature's patterns.

Dentists—those of science and skill too—are continually on the increase; but instead of deploring the fact as an evil, we are delighted with it, since it is certain that competition is a sure guarantee of a further advancement in mechanical skill. Distinct articulation, mastication, and the preservation of the original appearance of the face, are objects of such vast importance to individuals, that the more encouragement the public give to those properly educated for the business, the greater will be the perfection to which they will carry the dental art.

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*Journal of Dental Science.*—No. IV. of the 6th Volume of the American Journal and Library of Dental Science, was distributed early in June, with a promptitude that is always commendable in a publisher.

We turn from page to page, in this periodical, with increasing gratification. There is evidence of industry and tact, and further, a spirited determination to collect and distribute such information as must be useful in the every day practice of the dentist. The Journal is an honor to this country, and in Europe appears to be sought with more avidity than any similar one of their own.

There are some belonging to the dental ranks who withhold their influence as well as their subscriptions from this admirably conducted periodical. If they covet distinction in the literature of that profession, the Baltimore Journal is the legitimate place for exhibiting their attainments; and such improvements or discoveries as are calculated to advance the art, should not be withheld from the publication in which they would appear to the best advantage, and subserve most effectually the interests of operative dentists in all countries.

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*Broma for Invalids.*—We have spoken of this article on a former occasion, but the reception it meets with among invalids encourages us to call the attention of practitioners again to the subject. The English preparation is sold at a much higher cost, although it actually falls below the American manufactured broma, in point of delicacy, flavor and nutritious properties. Of its worth as an article of food for all persons in health, it is quite unnecessary to endeavor to strengthen the public sentiment, as its very extensive adoption in families, instead of tea and coffee, is sufficient evidence of the manner it is appreciated. For elderly people, children, and those of rather feeble powers of digestion, Mr. Baker's Broma is admirable. But we wish now to contemplate it, simply as an appropriate diet for the sick. So many excellent properties are combined in it, that it has attracted the notice of many of the prominent physicians of this city. Medical men are continually puzzled in regard to the kind of food which patients, under certain conditions, may take with safety. On this account, particularly, we think it is worth their while to examine fully in-

to the merits of bromo, which has successfully passed an ordeal and gained the full approbation of medical gentlemen of distinction, who would never interest themselves in a measure that did not promise well for the benefit of the afflicted.

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*City Acclimation of Horses.*—It is spoken of as a circumstance of common notoriety, that a majority of the horses brought to the city from the country, actually pass through quite a severe acclimating process, before they are in a fit condition for regular every-day service. In the large horse marts where the stalls are narrow, and a large number of horses are kept, a singular affection of the eyes begins to show itself in about a fortnight, known to the dealers under the name of *pink-eye*. The conjunctival membrane appears to be in a low state of diffused inflammation, accompanied by copious discharges from the nostrils. When they have fairly convalesced—a point readily determined by persons familiar with the buying and selling of horses—the animal has a return of spirited activity, and appears as it did before coming to market.

On first coming to the city, horses abominate the water usually drawn in stables and stable yards, which is more filthy, if possible, than that which is used by the inhabitants in crowded sections of the town. Both appetite and digestion are seriously influenced by the vileness of the water, or, rather, it is so offensive to their nice organs, that they suffer prodigiously, at times, from thirst, rather than take it. Consequently the food is not sufficiently diluted to be easily digested. By degrees, however, physical necessity, and habitual tasting, like the course of the drunkard, cause them to overcome their instinctive dislike, and they take potations of the water, ultimately, as freely as they would of the freshest, softest running stream. Some have conjectured that the affection of the eyes is induced by the reflected light from the buildings, signs, white-washed stalls, pavements, &c., which is by no means improbable.

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*Density of the Population in Boston.*—In Mr. Shattuck's census, a volume just published by the Boston City Government, it is stated that in a section of Ward 8, bounded by Hamilton st., Humphrey place, Oliver, Battery-March and Broad sts. and Washington square, there are 3131 inhabitants—being one to every *seven square yards*! In that same locality each of the dwelling houses, many of which have in them shops, in which vegetables, fruits and refreshments are sold, contain, on an average, *thirty-seven persons*! No wonder that such mortality exists among the children of the Irish families residing there.

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*Vermont Medical Society.*—A semi-annual meeting was held at Woodstock, says the Jeffersonian, on Wednesday, June 10th, Dr. S. Converse, of Norwich, Vice President, in the chair; S. W. Thayer, of W. Randolph, Secretary *pro tem*.

Dr. Palmer presented an excuse from Dr. Rockwell for not being present to meet his appointment. Dr. Smith, of Berlin, gave a very sound and valuable discourse upon the importance of a thorough medical education. Dr. Smith presented to the Chair a request that the professors of



the Vermont Medical College favor the Society with remarks upon the pathology of peritonitis. Hon. H. H. Childs, of Pittsfield, Mass., spoke on the subject at some length. Dr. Burnham, of Barre, introduced a patient suffering from a large tumor situated upon the arm, upon which Professors Moore and Clarke made remarks highly instructive and interesting to the Society. By request, Prof. Clarke made some remarks upon the pathology and treatment of acute peritonitis—and complimenting the Physicians of New England for their thorough, efficient and peculiar method of treating that disease. Prof. Palmer, of Woodstock, gave a very interesting account of his views of peritonitis and its appropriate treatment. Remarks also followed by Drs. Story, Stiles, Converse and Palmer.

On motion, by Dr. Stiles, it was voted to constitute Dr. Worcester, Dr. H. H. Palmer, of Bethel; Dr. W. C. Pierce, of Bridgewater; and Dr. Hazen, of Woodstock, members of the Society.

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*Lithotomy.*—The operation of Lithotomy was performed by Dr. Trowbridge, on the 5th ult., on D. B. Meacham, of Oswego, Co., N. Y., with success. Two minutes only were occupied in the operation, and a stone removed from the bladder measuring three inches and three quarters in circumference.

Mr. M. had been suffering for five years. Various opinions had been given him by medical men as to the cause of his illness. And, as is too often the case, various systems of treatment had been adopted without a knowledge of the cause.

He had been treated for *liver* complaint. He had been treated by the botanic doctor with lobelia emetics and hot drops—by the cold water advocates—drank cold water, and was wrapped in cold cloths for three months. He was treated for *spinal disease*; and four years passed with an aggravation of all his symptoms.

Losing confidence in remedial means proposed, he followed his own selection of remedies, principally from *newspaper recommendations*, but was still suffering with an aggravation of all his symptoms for one year longer, and finally submitted his case to the surgeon, who discovered a stone to be the cause of his long and painful sufferings. Two minutes' suffering has probably saved him from a premature grave.

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*Castleton (Vt.) Medical College.*—The commencement at the close of the spring session of Castleton Medical College, was holden on the 17th of June, at which time the degree of Doctor of Medicine was conferred on fifty-five young gentlemen. This is one of the oldest institutions in New England, and was never in a more prosperous condition.

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*The Shape of the External Ear in Relation to Mental Disease.*—Dr. Conolly, in one of his admirable letters on French lunatic asylums, makes the following remarks.

“M. Foville has made curious, and, I believe, original observations on the shape of the ear in different forms of insanity, and has noticed an analogy or resemblance between the development of different portions of

this organ and the brain of the patient. Of these views he was so obliging as to give me some explanation, illustrated by an extemporaneous diagram, and afterwards by corroborative examples. In some of the cases of dementia, or of the lowest degree of intelligence, the flatness and defective form of the helix, anti-helix and tragus, and the disproportionate enlargement and pendulosity of the lobe of the ear, and rounded clumsy shape of the outer edge of the auricle, were very striking. Subsequent observations have led me to believe these views to be exact as well as curious; and they exemplify the abundance of external evidence available to the physician in relation to internal disorder."

In support of the view here proposed, he relates the following anecdote: "Not very long ago, M. Foville was called upon by an intelligent and philanthropic person who appeared to take much interest in the management of lunatic asylums; and he was greatly struck with a conformation of ears in this gentleman which he had never previously observed, except in cases of mental irregularity or disorder. I happen myself to know that the individual who was the subject of this observation has had several attacks of insanity, and although now at large, and exhibiting considerable mental activity, has repeatedly been in confinement; circumstances of which M. Foville had no knowledge when he remarked what seemed to him to be an anomalous peculiarity."—*British and Foreign Review*.

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*The Sale of Gorged Leeches.*—A pamphlet lately published by M. Chevalier, Professor of the School of Pharmacy, in Paris, contains an account of a fraud which has recently been practised by leech-merchants. The ponds which formerly furnished France with leeches have been for some time exhausted by the cupidity of the collectors, who sold the whole stock, young and old, and thus left no chance of reproduction. France has, for the last eighteen years, been supplied from Egypt, Turkey, Wallachia, Hungary, and Prussia. Between 1827 and 1844, no less than 590,090,000 leeches were imported into France, and the price has increased from fifteen cents. to forty cents. each. Wholesale dealers buy and sell them by the weight, and in order to increase their profit, gorge them with the blood of sheep and other animals, thus making 1000 small leeches, weight two pounds and a half, value seventy-five francs, equivalent, by the addition of two pounds of blood, to four pounds and a half, and obtaining for them 180 or 200 francs. Several members of the Academy of Medicine have investigated the subject, and confirm M. Chevalier's statement, deprecating the fraud, and warning the public against such an imposition, alike injurious to commerce and to health.—*Pharmaceutical Journal*.

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*Commencement.*—At a public commencement of the Philadelphia College of Pharmacy, held on Wednesday evening the 15th of April, 1846, the degree of "Graduate in Pharmacy" was conferred upon the following gentlemen, pupils in the institution:—

William B. Webb, *Rubus Villosus*; William N. Needles, *Cornus Florida*; Caleb H. Keeney, *Rubus Villosus*; Joseph Allen McMaken, *Marrubium Vulgare*; Thomas Leidy, *Scutellaria lateriflora* and *hyssopifolia*; Robert M. Patterson, *Morpha*; Peter T. Wright, *Leontodon Taraxicum*;

George W. Patrick, *American Bromine*; John Dickson, *Camphora*; Charles F. Stoeber, *Hedera Helix*; Thomas James Scott, *Syrupus Ipecacuanhae*; Jacob L. Baker, *Sabbatia Angularis*; Benjamin R. Smith, *Diospyros Virginiana*; Robert England, *Gillenla Trifoliata*; Hiram C. Lee, *Impure Carbonate of Zinc*; John A. Whartenby, *Matico*. The valedictory address was delivered by Prof. Carson.—*Amer. Jour. of Pharm.*

*Cancer*.—An American traveller, writing from Paris, whose letter is published in the Western Lancet, says, "This morning I saw Velpeau excise a cancer which involved at least two-thirds of the lower lip. It was the second appearance of the tumor, he having taken it away from the same place a year before, so that he stated his fears of its return the third time, but thought it better to give the patient the chance which the operation would afford. I have frequently seen tumors of this description cut away for the second and third time, and am inclined, from what I have seen here, to think with you that they had better not be touched. It seems to me, that where these operations are so frequently unsuccessful, there is good reason to suppose an error in diagnosis in those few which terminate happily."

*Medical Miscellany*.—Yellow fever, the terrific desolator of southern America, has again appeared at Vera Cruz, with much virulence.—Dr. Ezra Green, of Dover, N. H., was 100 years old on the 28th ult.—Dr. Conneau, who assisted Louis Napoleon to escape lately from the Fortress of Ham, in France, is under arrest and treated with peculiar rigor.—According to the latest advices by the steamer, the cholera is advancing with rapid strides towards St. Petersburg, from whence it is feared it will creep over western Europe. Last week word came that the same disease had shown itself at Quebec.—Measles are common and fatal in some parts of Maine. The disease has been active in this city for some time, and is often mistaken for smallpox.—In Gen. Taylor's two battles, 103 were so badly wounded as to be placed in the Point Isabel Hospital. At St. Joseph's Island there were twelve amputations of the thigh, leg and arm, all doing well.—A new work on botany, by Dr. Gray, of Cambridge, entitled the "Genera of the U. S. Flora, Illustrated," is in press.—Smallpox has been prevailing at Georgetown, Ky.—The Orange Co. Vermont Medical Society had a meeting at Chelsea, on the 18th ult.—Mrs. Glines died, week before last, at Derby, Vt., at the age of 100 years.

TO CORRESPONDENTS.—Some account of the Southern District Medical Society of Massachusetts—Case of Cerebral Extravasation—Dr. Ramsey's remarks on the Transylvania Medical School—Dr. Ingalls's reply to L. W.—and the paper of Medicus from New York, have been received.

MARRIED.—At Woodstock, Vt., Munroe Atkinson, M.D., of Meadville, Penn., to Miss J. S. Pinks.

DIED.—At Ludlow, Vt., Dr. A. G. Taylor.

*Report of Deaths in Boston*—for the week ending June 27th, 53.—Males, 31, females, 22. Stillborn, 6. Of consumption, 7—cholera infantum, 4—suicide, 1—measles, 6—spasms, 1—disease of the heart, 1—dropsy on the brain, 4—typhus fever, 3—croup, 4—infantile, 3—inflammation of the lungs, 4—pleurisy fever, 1—erysipelas, 1—drowned, 2—lung fever, 1—jaundice, 1—dropsy, 1—inflammation of the bowels, 1—childbed, 1—old age, 1—disease of the bowels, 1—intemperance, 1—rheumatism, 1—scarlet fever, 1—sudden, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 7—over 60 years, 4.



*On the Use of Ergot of Rye in Uterine Hemorrhages.*—At a late meeting of the Dublin Obstetrical Society, Dr. Beatty read a communication on this subject.

"Having stated the beneficial effects of ergot given after hemorrhage had set in, he alluded to the injury likely to be produced by the indiscriminate and premature administration of opium in these cases, and pointed out the different times at which ergot of rye and opium are to be given with advantage, the former in the early stage, when we want to induce uterine contraction; the latter in the last stage, when we wish to restore the exhausted vital powers and nervous energy. He recommended the employment of ergot in cases where there is reason (from experience in former deliveries) to expect hemorrhage, so as to prevent the occurrence of this formidable accident. He prepares an infusion of one drachm of ergot in four ounces of boiling water; when the child's head has cleared the external orifice, he gives one half of the dose, including the powder, and when the child is entirely expelled, the remainder is given. Dr. Beatty gave the details of several cases in which this practice was followed by complete success. The placenta was thrown off in all without any difficulty, and in none did hemorrhage appear, although in former labors the greatest danger to life had been experienced.

"He alluded to the power possessed by the ergot of restraining after-pains, and mentioned some cases in which he had given the medicine with this view, and with the best effect.

"He concluded by bearing strong testimony to the value of this medicine in cases of very obstinate menorrhagia when given in doses of five grains three times a day; and he mentioned having witnessed on some occasions, when the medicine had been thus given, the production of severe cramp-like pain in the hips and upper part of the thighs."—*Dublin Hos. Gaz.*

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*Barbarism in New York.*—We learn by a late No. of the Buffalo Medical Journal, that William B. Waterman, M.D., of Buffalo, was arrested on the charge of disinterring bodies for anatomical purposes. Not being able to find bail, he was committed to jail, where he remained for a period of *two months*. Upon the final trial he was found guilty, and sentenced to the Auburn State Prison for the term of three years! No unusual provocation was alleged in this case; no complaints were made by friends or relatives, but the "*informer was a miserable vagabond, who was hired as an accomplice*;" and the prosecutors were the *people*, for whose immediate benefit the so-called crime was committed. It was also proved on trial that Dr. Waterman possessed correct moral habits, industry and promising attainments.—*Western Lancet.*

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*New Medical Works in London.*—The Physiology of the Nerves of the Uterus and its Appendages. By Joseph Swan.—Moral Philosophy, or the Duties of Man considered in his Individual, Domestic and Social Capacities. By George Combe.—Liebig's Physiology, applied in the Treatment of Functional Derangement and Organic Disease. By J. Leeson, M.R.C.S.E., &c.—Mercury in Fevers, Dysentery, and Hepatitis, as they occur in India, and with reference to lesions in mucous surfaces glandular structures. By John Stuart Sutherland, M.D., Assistant Surgeon, Bengal Medical Establishment.

THE

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No. 23.

CASE OF MAL-PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A case of mal-practice has just been before our Superior Court, which is not without interest to the profession. Dr. J. S. Oatman, of this city, a reputable physician, attended a carman, æt. 64, for a comminuted fracture of the femur near the condyles. The patient being an aged man, and suffering under depraved health at the time, had also an erysipelatous affection of the limb of some months' standing, accompanied with œdema of the injured leg. The inflammation and swelling which supervened immediately after the accident, precluded any very accurate diagnosis, and the morbid condition of the patient, and especially of the limb, forbid any considerable pressure, either by bandages or the application of extension. The posture found to give the patient most comfort was that of semi-flexion, and the double inclined plane was adopted, the apparatus of Palmer and Roe being preferred, upon which the limb was placed, and suitably secured. At the proper time, the usual attention was paid to the careful adjustment of the fragments of the bone, and all the extension and counter-extension which was admissible, seems to have been duly made. On the 30th day the fracture was found firmly united by Dr. Cheesman, who examined it, and the limb being measured was found shortened two or two and a half inches.

At this juncture, a young physician in the neighborhood called in to see the patient, without the knowledge of the attending surgeons, and with the consent of the patient invited Drs. Parker and Wood to visit him, both of whom gave it as their opinion that no surgical treatment was called for, or would be admissible. A son of the patient soon after called upon Dr. Oatman, and significantly intimated a proposition to settle with him for a *quid pro quo*, as the only alternative to a suit for mal-practice; the shortening of the limb being now made a ground of complaint, unskillfulness and neglect being alleged, &c. The doctor, not relishing such ingratitude in lieu of his fee for faithful services, was not very patient under it, resenting it as an outrage, and acted accordingly. After six months had passed, the suit was brought, and the testimony of Drs. Mott, Parker, Wood, Reese, Post, Cheesman, &c., was so conclusive and unanimous, that the plaintiff's counsel would have submitted patiently to a non-suit, but the jury acquitted the defendant, so that his triumph was complete.

Enclosed you will find a newspaper report of the testimony, should your limits allow its use.

MEDICUS.

*New York, June 2-, 1846.*

On the trial the Counsel of the Plaintiff, as instructed, attempted to show that the fracture had been badly managed ; that the apparatus used was not the best ; that there was not sufficient extension and counter-extension used to prevent the shortening of the limb, and that there had been thus a want of attention and skill on the part of the doctor, by reason of which he was left a cripple. But his case was overthrown by his own witnesses, Dr. James R. Wood and Dr. Parker, both of whom examined the limb after some thirty days, and agreed that it had been a bad case of crushed bone, in which the shortening of the limb was unavoidable, under any amount of skill ; and the latter gave it as his judgment that the patient was exceedingly well off to have recovered from such an accident with both his life and limb, and with no other disaster than a short leg.

But, though Dr. Oatman might here have rested his case, and submitted it to the Jury on the prosecutor's own testimony, yet his Counsel deemed it due to his professional character to proceed to show, by witnesses well known for their surgical skill and experience, that he was blameless in this case and its results.

Dr. Valentine Mott, a surgeon of forty years experience, testified that more or less shortening of the limb is uniformly the result after fractured thigh, even in the most favorable circumstances ; but that the age of this patient, the bad character of the fracture, the erysipelatous state of the limb, and all the circumstances, were averse to a favorable result, and likely to increase the extent of the shortening.

Dr. David M. Reese is a physician and surgeon of twenty-five years' practice, and testified that from the nature of the injury as described by the witnesses, there could be no doubt that it was an oblique and comminuted fracture, which is always unfavorable and renders a shortening of the limb inevitable. In such a fracture there is always injury of the soft parts, which complicates the case by increasing the risk of inflammation and swelling, and renders it liable to be followed by irritative fever and other constitutional disturbance. The age of the patient was unfavorable ; the erysielas, and especially the dropsical swelling of the limb alleged to be present, would forbid any considerable extent of pressure by bandages, or extension of the limb, without risking the loss of both limb and life. The Dictionary of Dr. Cooper, shown by him, was regarded as good surgical authority by the profession everywhere, and had been edited by himself, all the notes having been republished in London by the author in his last edition.

Dr. A. C. Post, one of the surgeons of the New York Hospital, stated that in such a fracture the injury to the soft parts would interfere with the extension of the limb ; and has known two cases in which the attempt to make extension and counter-extension resulted in mortification, and the thighs had to be amputated. The age of the patient and diseased state of the limb increased these dangers. In all such cases, a



very considerable shortening of the limb takes place under the best treatment and care, and the removal of the foot bandage by the patient, as in this case, would increase it. In half an hour after such an accident, he has known the swelling to be so great as to forbid any success in ascertaining definitely the nature of the injury.

Dr. Cheesman, a physician and surgeon of long experience, saw this patient with Dr. Oatman, with great difficulty inspected the thigh, being opposed by both the patient and his friends. He found that it had been an oblique and comminuted fracture, now united. He found the limb shorter than the other, as it uniformly is in such cases. He never knew an exception, and concurs fully in the opinion that the age and morbid state of the limb in this case forbid any greater extension or pressure than was used, and was obstructed in his inquiries by the disturbance and resistance made to his examination.

Similar and corroborative testimony was given by Dr. Dickinson and Mr. McCord. Dr. Shepherd was then examined, who had attended the case throughout, and bore testimony that there was no want of attention or skill on the part of Dr. Oatman, who manifested throughout a becoming interest in the patient's welfare. He proved the morbid state of the limb, the disturbance of the bandage by the patient, and the adverse circumstances which had to be contended with in the management of the case.

Dr. Scothoff testified that he accompanied Dr. Cheesman and Dr. Oatman on their visit to the patient, and learned from the latter that Dr. Cockroft, junior, had been there, and the son confessed that he had denied it, to conceal this clandestine visit.

In the progress of the trial there was a display of surgical apparatus, thigh bones both sound and broken, together with a beautiful model of the thigh taken from the Anatomical Venus, now exhibiting at the American Museum, recently imported from France by P. T. Barnum, Esq., who kindly loaned it for the purpose of enlightening the court, bar and jury, as to the muscles concerned in fractured thigh.

At the conclusion of the trial, after the counsel had been heard respectively, Mr. Sullivan, in an ingenious and forcible argument for the plaintiff, and Mr. Gerard in an able and eloquent speech for the defendant, the jury retired with instructions from the court to bring in a sealed verdict, which they rendered yesterday morning for the defendant, having only remained in the room a few minutes.

On the verdict being returned to the court, the large audience present manifested high satisfaction, and Dr. Oatman received the congratulations of his friends.

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#### THE LATE APPOINTMENT IN TRANSYLVANIA UNIVERSITY.

To the Editor of the *Boston Medical and Surgical Journal*.

DEAR SIR,—In the May No., 1846, of "*The Western Lancet*," is the following:—" *The Boston Medical and Surgical Journal*.—In the

No. of this Journal for April 8, the Editor has seen proper to admit an *anonymous* communication, casting reproach on a late appointment in Transylvania University. We must confess our great surprise that a respectable Journal would so far forget what is due to the profession, as to admit such an article. In the first place, the article itself is unworthy of notice, because of the futile points referred to; in the next place, it is anonymous; and, lastly, the closing paragraph, as well as other features, so clearly disclose the writer's *motives*, that we cannot discover upon what principle it could have been admitted," &c. Leaving yourself to reply to that portion which relates to you in your editorial capacity, I beg a page or two to present a few remarks which seem to me appropriate by way of sequent to the paragraph of the sapient editor of "*The Western Lancet*." I might very properly refrain from replying to the notice, couched, as it is, in terms familiar with individuals who compulsively defend untenable positions; but as, unfortunately, my communication was anonymous, I feel in honor bound to remove, at least, that objection. In doing this, I protest against having ascribed to me anything of a spirit of contention. It is unnecessary for me to recapitulate here any of the "points" considered in the anonymous article, as every one who will read this will have perused that communication. But as the editorial paragraph contains an intimation of improper motives, I deem it necessary to affirm, that the writer was impelled to the preparation of the article, by an appreciation of the want of proper facilities by medical preceptors, to become acquainted with the capabilities and abilities of medical professors. Again—in the great discussion now being had upon the subject of medical reform, he was convinced that the merits of medical professors should become subjects of special consideration before the ends intended to be produced by the discussion can be attained. When a medical student, of the present day, enters the lecture hall of a distinguished professor, and hears him declaim against the legitimate tendency of Brown's *sthenia* and *asthenia*, and tell of the number who have prematurely found a tomb from the unreasonable administration of stimulants; of Thomson's "*cold is death and heat is life*," and hear described the horrid effects consequent upon a process of steaming, and the administration of Nos. 1, 2, 3 and 6, to destroy the balance of power; of Broussais's *gastro-enterite*, and learns how many lives have been sacrificed at the altar of this hypothesis; of Cooke's congestion of the *vena cavæ*, and listens to an account, not alone of the immediate deaths, but of the long list of unhealthy effects consequent upon the *unconditional application of the therapeutics* of that teacher—he is impressed with a sense of the wisdom and the comprehensiveness of the mind of the lecturer who has enabled him to appreciate correctly those views which *have* influenced the medical public. But the professor has a favorite of his own; and the admiration of himself which he has excited, prevents the student from apprehending the truth that therapeutical indications are variable, and that all systems or even positions which lead to the unconditional application of any particular remedial means, destroy the capableness for correct observation and comprehension of diseased

action; and the dogmatical manner and terms in which the system or position is depended, completely removes all doubt, and fully satisfies the humble seeker after knowledge that he has attained its full consummation. This is the reason why physicians, in consultations, are daily thwarted in applying therapeutical means which the attendant circumstances clearly indicate, by the colleague practitioner's strenuously contending for another, and presenting no reason for the partiality save the "over-powering argument" that some professor says, "in this affection," &c. To prevent, if possible, an increase of the number of those who give "credit to the mere *verba magistri*, and place implicit confidence in a scientific assertion, because it proceeds from this or that professor," and from a perusal of his papers being constrained to judge Doctor Annan as a teacher who uttered his edicts with so much positiveness, as would tend to the increase of such practitioners, I deemed it my duty to call attention to his mode of teaching, and thus incidentally show his capabilities, &c. But it seems that the "paper is unworthy of notice because of the futile points referred to." To this I reply in the words of the proverb—"Straws show which way the wind blows." In paying this tribute to my communication, the editor of the *Lancet* should have remembered that the points referred to were considered by Professor Annan of sufficient importance to employ his pen in producing manuscript enough to make a full page of printed matter for the *American Journal*; and surely any "points" of sufficient profundity for his intelligence are far from futile, and fully worthy of investigation by individuals of less pretensions. But there are others as capable of judging of the character of communications and their "points" as the puissant editor of the *Lancet*; and there is a physician, whom I am proud to claim as a friend, and from whose letter, without his permission, I extract the following, by way of remedying the effects which might be produced by the assertion of the editor. "I think it probable the new professor of Transylvania will not feel himself under any *particular* obligation to the Knoxville correspondent of the *Boston Medical and Surgical Journal*. Should he manifest resentment, the writer can justly accuse him of ingratitude, for he can, if he has the proper capacity, be more circumspect, and more *correct*, for the future, by paying the attention to the correspondent's strictures which their *importance* demands."

Having thus, as I believe, shown the importance of medical papers of the nature of my anonymous communication, and acted from a sense of duty in contributing it to your pages, permit me to say that no individual will sooner than myself accord to Prof. Annan praise as a teacher, when assured it is meet and proper. That I have no personal antipathies to Prof. Annan, I hope will appear from future communications which I propose to furnish your *Journal*, so soon as leisure will permit, in which "the points" of certain papers of other professors, will be examined, and an attempt made to show their bad tendencies.

Knoxville, Tenn., June 15th, 1846.

F. A. RAMSEY, M.D.



## SOUTHERN DISTRICT MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—Supposing your readers, especially those of them who are fellows of the Massachusetts Medical Society, might feel some curiosity to know what is transpiring in the several District Societies, and hoping to draw a like communication from other districts, thus giving to each an opportunity to profit by the experience of the rest, I am induced to send you for publication the following account of the rise and progress of that to which I belong.

The Southern District Medical Society was chartered in April, 1839, and organized soon after. Previous to that time, opportunities for forming personal acquaintance with the different members of the medical profession within the limits prescribed by our charter, were exceedingly rare. They seldom occurred, except in casual meetings or on occasional consultations. Many of the profession were total strangers to each other, ignorant of each other's notions of disease and its treatment, and each uninformed even of the medical qualifications of most of his neighbors. There were some dozen or more fellows of the Massachusetts Medical Society residing within the limits referred to, who, in consequence of the distance and inconvenience of getting to Boston, seldom met there together, and there were also many respectable practitioners of medicine within the same circuit who for similar reasons had never thought it worth their while to become members of that Society—making, in all, thirty or forty persons who were laboring faithfully each within his own sphere, but without any convenient means of exchanging the results of his medical experience with his own immediate neighbors.

To provide for what seemed to be so much wanted, a means of collecting and diffusing information and of cultivating good fellowship among medical men in this region, the members of the New Bedford Medical Association, which had been established a year or two previous, having in that short period experienced the good effects of that association upon their own vicinity, determined to call a convention at that place for the purpose of considering the expediency of forming a District Society. The convention was well attended. Nearly all who had been written to upon the subject appeared on the appointed day, even from the distant towns of Nantucket\* and Martha's Vineyard. The meeting was a spirited one, and but one opinion seemed to prevail in regard to the objects for which the convention had been called, which was that such a society was much needed here. Those who were not already fellows of the Massachusetts Medical Society were willing to become so if a convenient place could be agreed upon for holding the meetings. New Bedford was fixed upon, and measures were immediately taken to procure a charter, which in due time was granted.

Our By-laws provide for two meetings in the year. The annual meeting is held on the second Wednesday in May, and the other on the second Wednesday in November. At the former the usual business of

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\* Nantucket was formerly included within the district, but has since withdrawn.

such meetings is transacted, and a public address is delivered upon some subject connected with medicine and surgery, by a gentleman appointed for that purpose at the previous annual meeting. At the latter, written communications are read, also by appointment, and at both meetings discussions are held upon the subjects brought forward in the address or in the communications, or by verbal communications or reports of cases, which are usually participated in by most of the members present. A portion of the time at each meeting has been set apart for the gratuitous examination of such cases as may be presented for advice, &c. &c., and on the day of each meeting the members dine together, in May at the expense of the Society, and in November, hitherto, at the invitation of the New Bedford Medical Association.

The Society has been in operation now seven years. Through its influence some twenty members have been added to the Massachusetts Medical Society, an additional medical district has been created, and a Board of Censors established. A distinct line has been drawn between true medical worth and empirical pretension, and harmony and good feeling in our intercourse with each other have been established. Our meetings have been well attended, and the duties growing out of them have been faithfully and cheerfully performed. Indeed, the interest which was felt at the formation of the Society has been growing with its growth, and we believe the members look forward to the stated meetings with anticipations of pleasure and profit, which nothing but ill health or indispensable duties are suffered to prevent their enjoying.

Among the communications which have been read, those upon the following subjects may be mentioned as evincing considerable labor and research, as well as valuable personal observation, viz., "*The Pathology of Scrofula*"—" *Rheumatism and its Treatment*"—" *A Discourse on the Action of Lead on the Animal Economy*." In this the opinion is maintained that the carbonate is the only salt of lead which acts specifically as a poison on the animal system, and that when the morbid effects of lead are apparently produced by its others salts, it is to be attributed to a decomposition and conversion of it into the carbonate. The same paper contains some valuable remarks upon the chemical composition of the water of New Bedford, and the danger of using it when conducted through lead pipes. Several cases of disease of great severity from this cause, which had fallen under the author's notice, were related. "*Effects of Ergot on the Human System*"—" *An Essay on Spinal Curvature*"—" *A History of the Epidemics of New Bedford and Vicinity for the last forty years*." This was the subject of our late annual discourse, which was listened to with a great deal of interest. It was one aim with the speaker to show that all diseases become at times and under certain circumstances epidemic. Among other facts adduced in proof of this position, was the extensive prevalence of phthisis pulmonalis in the lower village of Fairhaven between the years 1808 and 1818, at a time when the inhabitants of other villages in the immediate neighborhood and the country about were enjoying their usual degree of health. This village, previous to these dates and since, has been as much exempt from this

disease as other villages of its size in New England. But between these dates the number of cases was very remarkable among persons of both sexes and of all ages and conditions; nor does there seem to have been, during this time, any peculiar tendency to other pulmonary complaints.

Other papers might be referred to, but sufficient is given to show the condition and prospects of the Society, and that its members feel strongly interested in its welfare and are earnestly engaged in endeavoring to promote its usefulness. The following are the closing remarks of one of our annual addresses, with which I will close this communication.

"This Society being the only body in this portion of the Commonwealth where men are collected together from distant towns to discuss medical questions, much responsibility falls upon it in regard to its influence on the community, and the measures it may take to promote the public welfare. That this responsibility is felt by its members, there can be no reason to doubt. The spirit with which the first call upon them for its organization was responded to, the promptness with which its stated meetings have been from time to time attended, and the fidelity with which the duties that have devolved upon them have been performed during the five years of its existence, is a sufficient guarantee that any new duties which may arise, or claims which the community may have upon them, will be discharged with a like promptness and fidelity.

"This is our fifth anniversary, and we may congratulate ourselves upon our past success and the prospects of future prosperity. Every year has served to strengthen those ties which should ever bind together in one brotherhood those of like pursuits and occupations, and more especially those like ourselves, whose chief aim is to afford relief to the distresses of our fellow men. Every year has awakened in us an increasing interest in the objects for which the Society was formed. Better notions of professional intercourse and etiquette have been acquired, and the means have been provided of gathering for the improvement of the whole the individual experience of each. As a healthy infancy promises a thriving youth and vigorous manhood, we may look forward to the future condition of our Society with confidence in its growing influence for good upon us and the community about us."

Yours, &c. S. S.

#### QUACKERY IN NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—For the first time finding myself in the great emporium of everything, ycelpt the London of America, I have thought it might interest your professional readers somewhat, if I should furnish a few notes of my gleanings here in the way of quackery. From all I can see here during a brief sojourn, I should think that the population consists of two classes about equally divided, one half being employed in *making and vending* physic, and the other half in *swallowing* it; but my *penchant* is with the former moiety, among whom I have been making a tour of inspection. The better to effect my purpose, I have doffed the doctor, and turned



invalid, counterfeiting, as you will see, all manner of diseases, and amusing myself by visiting the quacks, and asking questions like a veritable yankee, as I am.

Soon after my arrival, I read a flaming editorial in the papers concerning a certain dentist, who, tired of the slow profits of tooth pulling, announces himself a curer of consumption, having been cured himself. You may be sure that I hastened to see this prodigy, and putting on a woe-be-gone face, obtained an interview. He is a very pale and plausible dentist, I assure you, wholly disinterested and vastly religious, as a man surely ought to be with one foot in the grave, for such a *cure* as his I would not covet, since it gave me the horrors to look at him, and especially to hear his sepulchral voice, but little above a whisper, though he tells of his wonderful cure. All I learned from him was, that he thought I had the consumption, or would be likely to have it, if I did not catch the asthma, which he said was a certain "preventative." He showed me his remedy in the shape of a tube, exactly like those used in Boston and elsewhere by deaf persons, though instead of placing one end to the ear, it is applied to the lips; and he showed me how to breathe through the tube by inhaling and expelling the air, which he says affords *exercise* to the lungs, and thus cures the consumption by producing a kind of artificial asthma. He showed me a pamphlet which he benevolently gives away, and a book which he sells along with the tube for five dollars, to those able to buy it, half price to ministers, and, it is said, he gives tubes gratis to the poor. The book is mainly a reprint of the old work of Ramage, of London, entitled "Consumption Curable," which was shown up at the time in the British and Foreign Medical Review, and never before deemed worth re-publication, until this effort to revive his tube in America, after it has become a stale joke in England as the relic of the mountebank St. John Long, from whom Ramage took his cue.

As I was altogether incog., I listened with great gusto to the narrative of this dentist doctor's cure, for which it seems he went to London, together with an account of the celebrated hospital of Dr. Ramage, under royal patronage, which he described to me as one of the most important public institutions in Great Britain. And he told me of the wonderful cures he had made since his return. I found he was a thorough-paced homœopathist, and did not depend upon the tube alone in any case, but advised those who used it, to take the little sugar pellets of Hahnemann, and he boasted of the patronage of that school of physicians in the city, who, it seems, recognize him as a worthy coadjutor.

I need scarcely add that in our conversation he betrayed an utter ignorance of the pathology of consumption, blundering in every attempt to describe or discriminate cases, so that I left him with amazement that any editor should so far forget himself as to admit into his columns an eulogy upon so illiterate a pretender; but I suppose it is all paid for under the cover of advertisements.

I had gone but a little way from his door, before I met an old physician and friend to whom I related my rencontre with this rival of the faculty; from whom I learned that hundreds of these tubes have been bought by

the dupes of this folly, and that instances of rapid fatality are known to the profession, resulting from the effort to exercise tuberculous lungs with this villainous tube. The profits of the trade, however, exceed those derived from pulling teeth.

My next visitation was paid to a celebrated advertising quack, who cures all incurable diseases by a combination of homœopathic medicines prescribed by a *sleeping partner* in the person of a lady, who, when her eyes are closed by mesmeric passes, can look into the great cavities of the body, examine minutely the several internal organs, detect the nature and seat of the malady, and direct the preparation of the infallible remedy in every case. The learned doctor has such confidence in his female associate in practice, that he does not presume to give an opinion without consulting her ladyship, taking care always to mesmerize her into the somnambulist state, for the reason that she knows nothing at all when awake, but is no sooner put asleep than she discourses like an oracle, upon pathology and therapeutics; whereupon the doctor having received his *fee* for his sleeping partner's advice, is prepared for *another fee* to furnish her prescriptions to the patient. Having learned this state of facts, I retired, not being willing to wait for my turn among so many patients as I found ready to precede me, so that this "craft has great gains," and the twain are driving a profitable trade.

I now thought I would look after the galvanic tribe of quacks, who are innumerable here. Electricity, galvanism and magnetism, separately and combined, are remedial agencies greatly in vogue at present among quacks. There are some who use the galvanic battery in the usual way for all cases indiscriminately; while there are others who have magnetic plasters for the outside of the body, with magnetic pills for the inside, by which they have a perpetual current of electro-magnetic fluid flowing with as much certainty and regularity as Prof. Morse's telegraph, provided the patient continues to wear the plaster and take the pills. But all these are mere pignies compared with the celebrated professors and doctors who vend galvanic rings, bracelets and belts, together with magnetic fluids, and I contented myself with calling on the most celebrated of these. I put his rings on every finger, and thumb, with his bracelets on my arms and legs, and his belt about my body, offering to buy them all *for my complaints*, provided I could feel that they had any effect upon my nerves. But though his "fluid" was sedulously applied, I had no more evidence of the generation of galvanic influence than though the rings had been made of wood, the bracelets of hair, and the belt of leather. He assured me that many persons were shocked to the ends of their fingers and toes by applying a single galvanic ring, and he showed certificates of numerous cures of frightful disease which had been thus wrought. Of course he professed to be astonished at the failure upon my person, and wondered how I could be so insensible, especially as I assured him I was "nervous." I proposed that he should put on the rings himself, and tell me candidly whether he could feel any galvanism; but he declined the test, alleging that he was satisfied with witnessing their success in others, and he appealed to his profitable trade in the arti-

cles as proof of their curative powers not to be gainsayed. I declined making any purchases of the mountebank, and pursued my tour among the other quacks of the city, of which you shall hear in my next.

A PERIPATETIC AND COSMOPOLITE.

### CEREBRAL EXTRAVASATION IN A NEW-BORN INFANT, FOLLOWED BY SPONTANEOUS RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

Nov. 4, 1845, at 9 o'clock, A. M., I was called to attend Mrs. S., in labor with her first child. She is a very small woman, of 20 years, and was suffering regular labor pains. An examination per vaginam detected an extremely small pelvis, with dilatation of the os tincæ, and natural presentation.

The uterine contractions became more severe in the afternoon, and well nigh exhausted the patience and strength of my feeble patient. Still a gradual advance of the head, and uninterrupted regularity of the labor pains, gave me entire confidence in leaving the case to nature.

She gave birth to a fine boy weighing six pounds at 2 o'clock next morning. The head of the child was preternaturally elongated, exhibiting a soft, pulpy tumor, of the size and shape of half of a large orange over the lambdoid suture, to the right of the posterior fontanelle, not disturbing the bones.

As the tumor continued unchanged for two weeks, feeling soft and pulpy without fluctuation, Dr. Peirson, of Salem, saw it, and we were flattered to believe, that, as the child enjoyed perfect health, the tumor would recede. Evaporating lotions were directed only; and in two weeks from that time the tumor began to decrease, and in four or five days it had entirely disappeared.

The mother recovered in a few weeks, and both continued well.

Lynn, June 24th, 1846.

JAMES M. NYE.

### HEMORRHAGE RELIEVED BY ERGOT.

[Communicated for the Boston Medical and Surgical Journal.]

*Menorrhagia*.—Called to prescribe for Mrs. M., aged 44, in the summer of 1845, for menorrhagia. Had been troubled with the complaint five years, and had followed the advice of many physicians without any benefit whatever. Her statement was, she did not believe there was any remedy in the world she had not tried. At this time, one week before the expected monthly turn, her countenance was blanched; pulse frequent, and of that lacerated feel which denotes the hemorrhagic pulse. Yet able to do light work. Prescribed ergot pulv. in five-grain dose four times per day, to commence when she began to feel the pains in her back, which generally occurred two or three days before the flow. The flow not coming on after the usual time of pain in the back, she, fearing



an entire suppression, diminished the dose, when she had a healthy flow, free from coagulation. She said, six months after, that she had been able to stay her complaints by similar doses of the remedy, and enjoyed improved health. She however used, in the intervals, Griffith's mixture—a compound of not very modern discovery, but not the less useful in similar cases. In a number of other uncomplicated cases of the kind, for the last two years, I have prescribed the same remedy with entire temporary, and in some instances permanent, success, and have had no necessity of resorting to any other.

*Epistaxis.*—Called to Mrs. B., a young married woman, of vigorous habit of body (in 1841), who had been spontaneously bleeding from the nose two hours. Blood flowed in a stream; no increase of frequency in the pulse, and felt perfectly well otherwise. Had tried cold vinegar and water to the forehead and nape of the neck. Gave her a teaspoonful of tinct. ergot, made from two ounces of the ergot in a pint of proof spirit. In a minute the flow lessened, and at the end of five minutes it entirely ceased and returned no more.

Mr. B., age about 60, a red-faced, bloated drunkard from his youth up, commenced bleeding from his nose on the morn of May 7, 1845. His family physician was sent for, who ordered cold applications to the head and the snuffing of alum water up the nasal passages. At one o'clock, the following night, I saw him. He was almost pulseless; skin moist and exsanguineous; had vomited a number of times, and with much difficulty he was persuaded to lie still in bed. The intervals of his bleeding were from half an hour to an hour. It was in one of these intervals I was with him. Gave him ten grains pulv. ergot, and ordered him five grains every two hours. Laid his head lower than his body in bed, and directed, on the occasion of a return of the bleeding, that his arms should be elevated according to M. Negrier's method. In about the usual time the blood flowed, but instead of the same profuse quantity as before, only about one to two gills was lost, and he had no return afterwards. I should infer from this case that the ergot had the whole effect in arresting the accessions of the bleeding after the first turn, but the elevated position of the arms might have assisted in diminishing the flow at that time.

*Case of Hemorrhage from the Alveolar Socket.*—After the extraction of a tooth, Mr. L., about 35 years of age, subject to hemorrhage of difficult control from the nose and mouth, applied to me a number of years since to staunch the blood issuing from the alveolar socket, from which a tooth had been extracted two days before. The socket had been plugged with dry sponge, sponge with nut galls, and sponge with creosote, to no effect. I cleaned out the socket thoroughly, and introduced moistened sponge covered with pulv. ergot, and the bleeding ceased. I have extracted one tooth for him since, plugging it immediately as above, with total arrest of the bleeding; a circumstance unknown to him, since he has possessed this peculiar diathesis of a hemorrhagic character, having had several teeth extracted.

*Case of Hemorrhage from a Cut.*—Mr. W., about 32 years of age, June, 1846, was cut by a chisel in the upper portion of the nates, half

an inch in depth and one inch in length. Did not feel any inconvenience, save continuous bleeding. On examination two hours after, the blood simply dropped from the wound. Prepared to dress with lint and adhesive plaster, first washing the parts with cold water. Could detect a slight per saltum motion of the blood in the wound. Brought the edges of the wound accurately together by lint and plasters, and applied compress, retaining it with my hand. After continuing compression for half an hour in this manner, and the blood oozing out at the sides constantly, I gave a half teaspoonful pulv. ergot, and placed him from an upright position on to his stomach on the bed. The bleeding soon ceased, and additional compress and a bandage was applied. After three hours the bleeding returned, as he was seated in a chair. I placed him on the bed as before, giving him half a teaspoonful ergot, again washed out the wound, and as the orifice of any bleeding vessel did not appear, I again tried compression, which failed as before. I then removed the dressings, and having cleansed the wound a third time of all coagula which was slight and slow to form, I filled it with finely pulv. ergot, and brought it together as before; after which there was no bleeding, and the man went to work the next morning, and has had no farther trouble.

*Remarks.*—Although the position of his body was changed from an upright to a recumbent posture, when the first dose of ergot was administered internally, yet the ergot must claim principally if not wholly the share of arresting the blood; as when in three hours after compresses alone were applied, in the recumbent position, the bleeding continued. Doubtless the applying the ergot to the bleeding surface produced the final result.

*General Remarks.*—This treatment of hemorrhage by ergot is no newly discovered treatment of my own. Yet I believe many of the profession do not avail themselves of its practical benefits, except in the uterine form. I have also administered ergot in hemorrhages from the lungs and bowels, with like good effect. I have never witnessed any injurious effects from its use. In a case of an intemperate man in incipient phthisis from tubercle, who had epistaxis, and whose pulse was frequent and hard, I gave it without benefit; thus showing that bloodletting and free purging cannot be dispensed with in the active hemorrhages; and my experience is that its most salutary influences are felt in the more passive forms.

Yours respectfully,

JOHN YALE.

Ware, June, 23, 1846.

#### DR. INGALLS'S CASE OF TUMOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The anonymous communication in the Journal of the 24th of June, purporting to be from the pen of one L. W., of New Britain, Conn., would have remained unnoticed were it not to correct a misstatement which might lead the public into an error. It is difficult to discriminate which is the most remarkable characteristic of this production, hebetude of intellect, or dishonesty of purpose.

Had the writer possessed the candor of a man of science, or the ingenuousness of a gentleman, he would have made a fair statement of what was said respecting the nature of the tumor, which is as follows :—A tumor situated at the root of the molares, which bore a *strong resemblance* to an osteocele, of a most intractable character ;” and, had he possessed a common share of acumen, he would have noticed the concluding clause of the last sentence was italicized ; and had he not been under the operation of an allopathic dose of stupidity of the highest potency, he would have perceived the object was to caution *surgeons* not to proceed too hastily to the performance of a formidable operation, when a cure might be effected by two globules of plumbum. WM. INGALLS, M.D.

June 26, 1846.

N. B.—I shall send you a reply soon to J. C.’s communication.

Yours, W. I.

#### ON AMERICAN BROMINE.

By George W. Patrick.

THIS interesting substance, within the last two years, has been found very abundantly in the bittern or mother liquor, remaining after the crystallization of salt from the evaporated waters of the Salt Springs, near Pittsburg, Pennsylvania ; and from the facility with which it is now extracted, will undoubtedly prove a source of considerable revenue to those engaged in obtaining it.

Edward Gillespie, M.D., while a student, first discovered this substance in these waters by testing them for iodine. These waters yield about 1.13 per cent. of bromine, being nearly equal to the celebrated springs of Germany. The gentlemen now engaged in obtaining it have patented their process, which is said to be so simple and economical as to enable them with very little labor to produce forty or fifty pounds of pure bromine per week. They have recently sent one hundred pounds of it to Europe, hoping to be able to bring it in successful competition with the German and French article, which for the last few years has commanded such a high price as to be little used in this country as a medicinal agent—being chiefly consumed in the daguerreotype process. This bromine has been pronounced by chemists here who have examined it, as purer than the European article as generally found in our markets. Its sensible properties are precisely similar to the foreign article, having the density, odor and color belonging to this element. In one respect, however, I find a discrepancy. Bromine is stated by authors to be soluble in alcohol ; but I have been unable to effect a proper solution of the American article in this menstruum, as it appears to decompose either strong or diluted alcohol, uniting with it in all proportions, and when a quantity of bromine is suddenly introduced into this liquid, the reaction is so violent as to occasion flashes of light and violent ebullition, until the bromine entirely disappears, and the liquid becomes colorless, having properties re-



sembling ether, probably hydrobromic ether, inasmuch as the acid which it contains is generated by the contact of bromine and alcohol.

As a medicinal agent, bromine is sometimes employed in an uncombined state, mixed with syrup of sarsaparilla or other similar vehicle; but it has been more frequently exhibited in the forms of the bromides of potassium and of iron. Three processes have been employed in obtaining the former. The first by decomposing a solution of bromide of iron with carbonate of potassa, as directed by the London Pharmacopœia; the second by passing a current of hydrosulphuric acid into bromine under water, until all the free bromine has disappeared, and saturating the solution of hydrobromic acid with carbonate of potassa; and lastly, by saturating a strong solution of caustic potassa with bromine, evaporating to dryness, and heating the dried mass to a red heat to decompose the bromate of potassa which is mixed with the bromide. I consider this process the best, as it yields the purest salt in the most perfect crystals.

*Bromide of Iron.*—This salt is obtained by adding bromine to iron filings in excess under water, and submitting them to a moderate heat. When the liquid assumes a greenish-yellow appearance it is filtered and evaporated rapidly to dryness in an iron vessel. Bromide of iron is a brick-red, very deliquescent salt, of an acrid styptic taste, and requires to be kept closely stopped in glass vials. This bromide has been used quite extensively in Pittsburg, Pa., as a tonic and alterative, and is considered by many physicians to be a highly efficacious preparation. This salt may be known by the liberation of bromine, by the addition of sulphuric acid.

The bittern waters, in a very concentrated state, have been employed with decided advantage in this city as a counter-irritant in rheumatic and neuralgic affections. The liquid contains some of the salts of bromine with a small quantity of iodine, besides chloride of sodium and other salts, and has a specific gravity of 1.419. After a few applications a plentiful crop of pustules are produced, which pass away in a short time after ceasing its use. There is little doubt that this article will prove to be an agent of considerable importance in the above-named complaints. There are several other preparations of bromine which have occasionally been used in medicine; they are prepared like the corresponding iodides; among these the bromide of sulphur has been used with advantage in cutaneous affections. It is formed by the direct union of its elements. A compound of bromine and iodine, has been much used in daguerreotype operations.—*The American Jour. of Phar.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 8, 1846.

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*Connecticut Medical Society.*—Like every other interest in the land of steady habits, the medical fraternity, both individually and collectively,

is in a healthful, prosperous condition. On the 13th and 14th of May, the State Society was in session at New Haven. Having ascertained that their finances were satisfactory, there being \$416.39 in the treasury, Archibald Welch, M.D., was elected president—and an excellent choice it was. He is ardently devoted to the interests of the profession, and no person could have been selected, it strikes us, who would personally exert himself more industriously, to sustain the high reputation of the Society. A proposition was introduced by Dr. Campbell, to petition the Legislature to reduce the price of lecture tickets, to ten dollars each, at the New Haven Medical School. The object, undoubtedly, is to increase the facilities of study; in other words, if the tuition is less than it now is, doctors might be manufactured much faster. If the price of lectures is ever reduced, the faculty had better quit the business altogether. A wood-sawyer actually earns more money in the streets in a good freezing winter, than a professor of surgery gets by a course of lectures in an ordinary country institution.

Things legitimately belonging to the profession in Connecticut, are managed by the brotherhood in their own way, and no disposition is manifested to usurp their rights or privileges by any power delegated by the people. For example, the Medical Society nominate the medical instructors in Yale College, the medical superintendent of the Retreat for the Insane at Hartford, and, with a vigilant eye to the common good of society, a committee is always present at the examinations for doctorates, to prevent the honor being thrown away upon blockheads.

E. K. Hunt, M.D., of Hartford, was elected dissertator for the next anniversary. By a resolution the County Societies were authorized to elect delegates to the great National Convention in Philadelphia, the first Wednesday in May, 1847.

Lastly, a dissertation was delivered on Typhus Fever, by Theodore Sill, M.D. We hardly know how to comment on this discourse, simply because the subject is hacknied, and all observations upon the topic would be nothing but trite repetitions. In the first place, it is one of the strange affairs belonging to civilization, that no two writers agree in their views upon fever of any type, notwithstanding the avalanche of learning that annually rolls down from high places. Again, it is equally curious, as a historical fact, that fevers are no better managed in this glorious scientific era than they were by Hippocrates himself. And it is a humiliating acknowledgment, but nevertheless true, that the mortality by typhus, according to the statistics of the civilized world, has not been lessened by the skill of physicians. This is said on our own responsibility, and simply means that we are not so wise as we imagine, in the treatment of some diseases, the laws of which are not yet understood.

Dr. Sill evinces a thorough acquaintance with his subject, as writers generally treat it; and shows a commendable acquaintance with all the symptoms, anatomical appearances, and remedies resorted to by the best practitioners, to say nothing of the literature of fevers, with which it is apparent he is equally conversant. Another point should not be overlooked by the reader of Dr. Sill's essay, viz., its brevity. There is nothing in it superfluous, and he had the good sense to close when he had written what he deemed essential, instead of worrying the audience with a tedious array of words, as though he were speaking against time.

*Health and Accommodations at Saratoga.*—In a line from Dr. North, dated Saratoga Springs, 30th June, we learn that the invalids that have arrived there, have, during the month, presented very nearly the average number. Hence, he infers, what he has often found true, that the state of the public health, during the preceding winter and spring, has been just about an average condition.

The accommodations for sojourners are every year improving, and the boarding establishments, large and small, are now completely ready for company. There is a morning and afternoon train of cars regularly, both from Albany and Troy.

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*Contributors to Health.*—While perusing Mr. Shattuck's investigations, page by page, in his recent report to the City Council on the census of this metropolis, we came to a place in Appendix Y, headed *Contributors to Health*. The query came up at once—who does actually contribute to health? Embraced in that particular division, there are 566 individuals, classed under sixteen different kinds of business, recognized as contributing to that important result. 1st, there are 8 bath-house keepers. They are unquestionably contributors to health. 2d, 10 botanic medicines dealers. Doubtful. 3d, 12 botanic physicians—presumed to be mainly Thomsonians. Doubtful. 4th, 15 chemists—one half of whom, at least, know far less of the science than Sir Michael Faraday. 5th, 57 dentists—a little army, perpetually on the increase. We coincide with Mr. Shattuck, in conceding that they are contributors to health, and he might have added, to good looks too, which is no small affair, where one's facial appearance is a letter of introduction. 6th, 5 drug brokers. What has brokerage, the mere matter of buying, selling and getting gain, to do with contributing to public health? 7th, 169 druggists and apothecaries. A formidable host, which our homœopathic friends believe do more towards deranging the public health, than in maintaining it at a given standard. 8th, 1 electrician. His vocation is shocking to the people. 9th, 4 gymnasium keepers. Their profession meets the entire approval of all classes of citizens, and their establishments are admitted, without hesitation, to contribute to the public health. 10th, 5 leechers, and perhaps 10. Of the utility of the branch of business they conduct, there can be little or no difference of opinion. 11th, 6 mineral teeth makers. They are identified with dentists. 12th, 90 nurses—all excellent in the sick room, and eminently contributing to the restoration of the sick to health. 13th, 226 physicians, including 10 female doctoresses—and here there must necessarily be a difference of opinion. Some who are included in this catalogue, are as totally unfit to administer to the diseased body, as they would be to conduct an expedition to Arcturus. One of the number was reputed to sell excellent butcher's meat, two years ago; another had the reputation of being a pretty good carpenter, before he settled in Boston; and so we might dissect out half a dozen more, who are not qualified to practise medicine. Within this category are included several women, all thrown in as make weights, under the general term of contributors to health. That they understand plain housewifery, and how to patch their husband's coat sleeves, far better than they could repair a broken constitution, is very probable. Yet we have no objection to mere water gruel carriers being ranked among those who contribute something to the public health. 14th, 24 sextons—who



contribute to the public health, by burying some of the bad practice of the poor appendages of the profession. 15th, 5 truss makers, 4 being females. Probably the latter are fitters-on of instruments. These are all useful in their place. 16th, and lastly, 19 undertakers, which means men who manage funerals. We shall not stop to quarrel with Mr. Shattuck about their contributions to health.

Having analyzed a part of the 6th column, with a special view to ascertaining how much we are actually indebted to certain persons in this active community, on the score of physical well-being, the conclusion is that the public health would be quite as good as it now is, if 466 of Mr. Shattuck's contributors to health were devoted to other pursuits, for which they are better qualified.

*Medical Education in Paris.*—Dr. Edward Ruggles, of New York, now residing in France, has the following observation in a letter recently received from him by the editor. "It is surprising how ignorant Americans are, generally, of matters of medical education and practice in Paris. Some gossip notions of these things, in the form of familiar letters, would be instructive and interesting, and accord well with the general character of your excellent Journal." Dr. Ruggles has ascertained that to excel, in Paris, one must be laborious in his researches in medicine. Without indefatigable application, at least, it is quite impossible to keep pace with modern discoveries and improvements.

*Fruitfulness of Foreigners in Boston.*—In Broad street, a low, water-edge street in Boston, in which Irish families are inconveniently thick, Mr. Shattuck, author of the Boston Census, says there are 2131 inhabitants—and that the births amount to *one in fifteen* of the whole population. This prodigious fecundity, he continues, is a most remarkable characteristic of our foreign population, and generally prevails throughout the city. It is, no doubt, one of the principal causes of the increase in the number of deaths among children under five years of age. In some sections of the city, the births do not, according to the same authority, amount to 1 in 50 of the population. The proportion of births to the population, according to late returns, was in England, 1 in 31; in France, 1 in 35; in Austria, 1 in 26; in Prussia, 1 in 27; in Russia, 1 in 23.

*Hippocrates and Galen.*—Some time since, we mentioned that the writings of these eminent fathers in medicine were about being rendered into English, by the venerable John Redman Coxe, M.D. We now have the pleasure of announcing that the work is in press, and will be published, "epitomized and rendered into English," in one large octavo of from seven to eight hundred pages, early in August next.

We venture the prediction that, when the volume appears, it will be found that these ancient practitioners were familiar with many things now deemed *new discoveries*, by some, too, who are not classed with superficial readers. The great learning and accuracy of the translator, affords a sure guarantee that the work as it comes to us will be a faithful representation of the originals.—*Medical Examiner*.

*Influence of Medical Testimony.*—Several cases have recently occurred in which the legal tribunals have wholly disregarded the testimony of physicians, introduced to establish medico-legal points. In the case of Dr. Baker, who was recently executed in this State for murder, the medical testimony went to show conclusively, that, in the opinion of the witnesses, the prisoner was insane; and yet, the jury found him guilty, and the Governor refused to remit the sentence. The opinions of the medical witnesses were, therefore, entirely disregarded.

Still more recently another instance has occurred. In the case of Albert J. Tirrell, who was recently tried in Boston for the murder of Maria Bickford, the counsel for the defence took the ground that the prisoner was a somnambulist. Upon this ground it was urged that the offence might have been committed in the somnambulant state, while the prisoner was insensible, and therefore not accountable. Drs. Forsyth, Walter Channing and Woodward, all concurred in stating, that in a somnambulant state, a person might commit murder unconsciously. Dr. Woodward, Superintendent of the Lunatic Asylum at Worcester, expressed the following extraordinary opinion:—"A person in a state of somnambulism might rise, dress himself, commit a homicide, run out of a house, and set it on fire." The jury acquitted the prisoner, but it was declared that the plea of somnambulism had no influence in arriving at the verdict. Here, again, medical testimony was entirely disregarded; and in view of its extraordinary character, it is not surprising that the good sense of the jury discarded it.—*Western Lancet*.

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*The Means of ascertaining the Efficacy of Digitalis.* By M. FALKEN.—According to M. Falken, the following plan is a means of ascertaining, in an infallible manner, whether or not digitalis possesses its virtues.

Fifty centigrammes of the powder of the leaves of digitalis are to be infused in boiling water, and after an hour to be strained off. When cold 20 to 30 drops of a solution of ferrocyanide of potash are added, prepared with 75 centigrammes of this salt, to 15 grammes of distilled water.

If the digitalis is active, the infusion becomes rather clouded, but if the cloud does not appear before fifteen or twenty minutes, we may consider the digitalis as not possessing a sufficient degree of activity.

According to M. Falken, the digitalis grown in Switzerland has proved the most active.—*Chemist*.

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TO CORRESPONDENTS.—Dr. Leonard's Review of Dr. Holt's paper, Dr. Spence on the Fascination of Serpents, and the proceedings of the New Hampshire Medical Society, have been received.

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MARRIED,—Dr. J. T. Wood, of Middleboro', Mass., to Miss A. E. Chappell.

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DIED,—At Lynn, Mass., Dr. E. Smith, 77.

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*Report of Deaths in Boston*—for the week ending July 4th, 47.—Males, 24, females, 18. Stillborn, 5. Of consumption, 5—inflammation of the bowels, 1—dropsy on the brain, 1—lung fever, 3—typhus fever, 5—tumor, 1—marasmus, 1—inflammation of the lungs, 4—measles, 4—infantile, 1—inflammation of the stomach, 1—disease of the bowels, 1—croup, 2—accidental, 2—smallpox, 1—apoplexy, 1—old age, 3—teething, 1—cholera infantum, 1—disease of the heart, 1—canker, 1—childbed, 1.

Under 5 years, 22—between 5 and 20 years, 2—between 20 and 40 years, 9—between 40 and 60 years, 4—over 60 years, 5.

*The Symptoms and Diagnosis of Aneurisms of Bones. Symptoms.*—Sometimes the pain and uneasiness of this disease is long in establishing itself, but for the most part it comes on suddenly, with a sense of cracking near the joint. After continuing two or three months, a tumor is perceived. This is at first very small, and may escape notice; but after a while becomes prominent, the skin over it then becomes violet-colored and transparent, so as to exhibit the numerous sub-cutaneous veins. On examining the tumor, we find it connected with the bone, and presenting different degrees of consistency at various points. Frequently, on pressing the more resisting portions, we are sensible of a sensation which has been compared to the crackling of parchment, or the breaking of an egg shell, a sign dependent upon the depression and re-elevation of the thin osseous shell of the bone. One of the most characteristic symptoms consists in well-marked pulsations synchronous with those of the heart, and which are suspended when the principal vessel leading to the part is compressed. There is no *bruit de soufflet*. The disease has always been observed in young persons or adults, and has, in different cases, been attributed to various acts of external violence, although, doubtless, the changes in the bone had already commenced. The progress of the disease is generally slow. There is no authentic example in which rupture has occurred, for the ulcerations and hæmorrhages spoken of by some authors probably arose from pulsating cancerous degenerations.

*Diagnosis.*—An aneurism of a bone may be confounded with one of the soft parts, the symptoms of the two being so very similar; and before *post-mortem* examinations had explained the true nature of these cases, the mistake was inevitable. In the cases treated by Pearson, Scarpa and Lallemand, the disease was supposed to be an aneurism of the articular arteries of the knee, or of the anterior tibial. The osseous aneurism forms one body, as it were, with the subjacent bone, a thin shell of which imparts a sense of crepitation; when the tumor is reduced by slow pressure, we perceive the loss of substance in the bone. The aneurisms unconnected with the bone are more mobile, and impart the *bruit de soufflet* to the ear. A malignant pulsating tumor is distinguished with greater difficulty. The chief points are, that it cannot be partially reduced by pressure to the same extent as an aneurism, while it usually gives the *bruit de soufflet* in auscultation.—*Medico-Chirurgical Review*.

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*The Age at which Insanity is most Prevalent.*—To determine the period of life which furnishes the greatest number of insane persons, it is sufficient to bring together the records, made up under different circumstances. One of them, made at the Bicêtre, where poor men are received; another, at the Salpêtrière, a hospital destined for poor women; the third, at an establishment devoted to the wealthy. From these reports we may conclude:—1st, that the age which furnishes the greatest number of insane, is, for men, that from 30 to 40 years; whilst for women, it is that from 50 to 60 years; 2nd, that the ages which furnish the least, are, for both sexes, childhood, youth, and advanced age; 3rd, that among women, insanity appears earlier than among men, indeed from 29 to 30 years of age; 4th, that the rich are afflicted, in comparison with the total number of insane persons, in a greater proportion than the poor.—*London Lancet*.



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No. 24.

ADDRESS TO THE SARATOGA CO. (N. Y.) MED. SOCIETY,

By Dr. M. L. North, President of the Society, at its Annual Meeting, May 26th, 1846.

[Communicated for the Boston Medical and Surgical Journal.]

GENTLEMEN:—Although you committed both a mistake and a wrong, in my humble opinion, in selecting, at your last annual meeting, a man of my very infirm health for your presiding officer; yet, as the proceeding could not be corrected, I have attempted to manifest my gratitude for your choice, and my zeal for the cause of medicine, by sketching some considerations which I hope may be deemed appropriate to the occasion. In performing this duty, it is not my purpose to expatiate on the generalities of medical science. However inviting this field might be, I decline it, and call your attention to *the medical interests of Saratoga County*.

Here is a field so wide that the space to which I have limited myself, will allow me to render but impartial justice either to the subject or to this honorable body. To you, gentlemen, who have youth, and health, and activity, are consigned interests of the most responsible character. You cannot escape them if you would. The Legislature of New York, two years since, deliberately stripped you of all prescriptive rights or distinctions; but they have not taken away your employment. They admitted novices and the unlearned to all the privileges and immunities of yourselves; making them, like yourselves, accountable for gross ignorance and mal-practice, and entitling them to legal compensation.

But, we cannot suppose, for a moment, that a legislative act can enable these men to enter the chambers of the sick and dying with the same self-possession as yourselves. Ignorance, it is true, can make bold. But where there is a fragment of a conscience left, it would seem that it should render unsteady the nerve and blanch the face of him who assumes the weighty office of averting from the sick man the threatening approach of death, without a most thorough preparation for his work.

This difference, gentlemen, between you and the quack can never be obliterated. The Legislature can put you and him on the same level. They may say to the wide world, we give you perfect liberty to select your own doctors and methods of cure. This they have done; and we are glad of it, because there no longer attaches to us the *opprobrium* of being considered a privileged class. To be privileged—to be defended by law—to be fenced around—to be favorites in a republican country, is

most necessarily a withering blight, a mildew. We would none of it ! Only let us proceed as we now do, with equal rights and a fair field, and nothing can jostle the regular practitioners from their supremacy.

True, with all our pains-taking and lengthened and anxious preparation, we may lose patients in a manner that seems much like want of skill. This is mortifying enough of itself. And should some one, whom we have considered, and may have pronounced an ignorant pretender, have patients recover side by side with ours, of apparently similar diseases, this would be still more liable to confound the public. The novice may, for awhile, triumph. He may boast his own fame, and your ill success.

But there are many in every town in Saratoga county who know the difference between a recovery and a cure. They are acquainted with the *known* tendencies of the animal frame to throw off disease, and that these often come to the aid of both regulars and irregulars in the treatment of severe cases. And yet, in the course of years, they become acquainted with many instances where the system responds so promptly to the administration of bold and skilful measures, that they have no doubt of the efficacy of your treatment. It is on this free, unbiased and long-extended observation, by the public, gentlemen, that you are most confidently to rely. Will not man universally employ a gardener who has served his seven years in Europe, in preference to him who has served his month here? Will not men universally send a watch to a watch-smith instead of a tinker? Will not men universally prefer a lawyer who has worked years indefatigably in the perplexities of law, to a novice?

The great reason, gentlemen, why the regular physicians are to have permanently the principal business, is that, in their course of training, they become philosophers. This is true, even now, and will be vastly more so soon, if we have not greatly overrated the importance of the late National Medical Convention in New York. Medical men must *closely scrutinize cause and effect*. This is philosophy. In this consists the great difference between practitioners. Thirty years ago it was the inquiry—what said my preceptor? What say my authors? the prescription being implicitly adopted because in the book or among the recipes. How different now, when every one is on the watch, bringing all his powers to the untiring observation of the effects of the remedies? A man of this stamp is not so bigoted as to treat with contempt *any* new mode of medication that does not come from legitimate authority, nor so credulous as to endorse whatever new scheme may, for a season, catch the popular breeze and bid fair to have its run. In this way, while his mind is open eagerly to grasp every substantial improvement, he spurns the mortification of advocating and adopting plans that are in themselves visionary and worthless.

In discussing, gentlemen, the medical interests of this county, I assume, without any misgiving, though my feeble health has prevented my verifying this assumption, that a very large proportion of the medical practitioners are unceasingly laboring to advance the honor of the whole

of our fraternity. There must be a respectable number, who, while they are striving primarily for their own interests, are generously seeking to exalt and promote the benefit of the whole.

Under the full belief that this policy is general, both in this meeting and the county, I proceed to say that, in order to carry out this principle, and to have each man do his share in the advancement, let there be,

1st. *A general and punctual attendance on our annual meeting.*

I do not know your precise sentiments; but, since the act of May 6, 1844, which rendered our county meetings nugatory, and the matter of licenses and diplomas a mere formality, I have felt that it is more than ever imperative upon us to pay a punctual regard to our county assemblies. We have now a better, a more approved basis of membership. It is that of fraternal association. Our rules and by-laws we adopt so far, and so far only, as will guide us in our fraternal enterprise. And I love this freedom from bonds. In all the medical associations to which I have formerly belonged, I have thought there was too much attention paid to rules. I would have as little time as possible consumed in the election of officers, admission of members and adjusting rules and precedents, and nearly the whole time in medical discussion. There is one simple and practical arrangement that might be adopted which would insure the dissemination of much useful knowledge without any trouble to the members.

Let the meeting be opened early, and let each member be called upon for one single case that may have occurred in his own practice during the current year, which he may communicate either in a verbal or written form. You perceive at a glance how easily it could be accomplished, and how much it would attract the members from year to year. Very probably this may have been tried here; but if so, it could never have been abandoned for want of practical usefulness. It would add to the knowledge of us all, show the skill of each brother, and go far towards furnishing the prevailing diseases of the county. If the narrations were brief, the whole Society could be heard, and, with the annual address, it would form an impulse to an annual gathering of no ordinary power. This would tend to promote mutual acquaintance, which is expansive, cheering, a bright spot in your monotonous rounds, and can scarcely be enjoyed except at the county meeting.

2d. I would suggest, in the second place, *the publishing occasionally in our county papers, the names and residence of all the regular physicians of the Society.* This is done by the Albany and Troy papers, and they convey matter that is undoubtedly read with interest by the common people. It would not only furnish these latter with the names of their own professional neighbors, but would make each member of the faculty acquainted with the address and number of all his brethren throughout the county.

3d. My third suggestion for the improvement of our medical faculty is *the practice during the winter of anatomical dissections.* But "how can this be done?" you may ask—would it not be worth our whole practice and property—nay, our life—to have it known that we have a subject? The following facts will form my answer to the supposed inquiry. On my visit to the valley of the Mississippi last autumn, I called



on a physician, a stranger to me, for whom I had imbibed a high respect from a dissertation of his in a medical journal, throwing light on an intricate and dangerous disease, by some original anatomical dissections. I found him all that I expected, indefatigably devoted to his profession, attending to all its branches, and, at the same time, carrying on anatomical dissections every winter. On inquiring how this could be done without disturbing his friends, he took me into his attic and showed me a regular dissecting table and apparatus, and the usual sky-light. "The neighbors all know this," said he; "I regularly, each autumn, send to the metropolis, by the regular express on the rail road, for a subject. It is brought here by the cars in open day, and unloaded and carried into my chamber, like other articles of commerce. This proceeding, instead of alarming my friends, wholly pacifies them. They see I have no occasion for robbing the grave. In the course of a few years, many of these citizens have attended evening courses of dissections in this room, and my practice is universally approved." He showed me the very specimens of diseased intestines which had furnished the article for the journal alluded to.

Now, I ask, are there not a respectable number of yourselves, gentlemen, whose employers would commend your faithfulness to them and the public, by your undergoing the labor and expense of an occasional course of dissections effected in a similar manner? I feel no doubt of it, and that you would receive not only their gratitude for your thorough efforts to serve them, but attendance and pecuniary co-operation.

4th. My next suggestion to this Society is, *that we say but little about quacks*. I do not deny that you have much to do with them. Take any twenty of the regular newspapers of city or country, and more than half of the standing, paid advertisements are from quacks and nostrum venders. Quackery stares out everywhere upon you: on the corners of our streets, on the trees of the forest, engraved on the walks you tread, in steamers, cars, bar-rooms; nay, it has got access to our churches! These countless and noisy proclaimers of their own wonders are not confined to insulate quacks and pretenders. They go in schools, succeeding each other in rapid and astounding frequency. These things will ever be. But you may safely expect that no medical school or sect will long survive the man who invented and gave currency to the scheme. I defy you to adduce a theory yet popular and commanding, whose author has been long dead. The reason is, there are and will be on hand, side by side with the innovators, a set of regularly-trained men, who stand prepared for employment when the public becomes weary of extra, and often imaginary, modes of healing. If our men had more flexibility, more shrewdness, they would very speedily render unnecessary an extra set of practitioners, by winnowing out from the chaff what little wheat there may be—and there is and always will be some in every scheme—and appropriating it to advance their own skill. I have seen, years and years, a certain portion of my medical friends manifest an appearance that they have nothing more to do with any new-fangled scheme, than to screw themselves up into an attitude of great contempt and pronounce the word "humbug!" nothing more, unless to degrade themselves

by maligning from house to house the new rival and the new practice, thus making themselves a laughing stock, and at the same time effectually doing the work of an advertisement.

A year or two since, there was a fellow in Otsego Co., who was *persecuted* by the members of the regular profession from his way to the Penitentiary into favor and countenance, and has preserved both his liberty and his employment. Gentlemen, my heart has been pained when I have heard of physicians employed in traducing quacks. Do these men say they wish to save life, and to let the people know the real truth? But will they not discover the real truth without us? Aye, did not the people of Troy, when a quack tore off the breast of a woman in that city, with such cruelty and coarseness as to lay her at once into the grave? Most assuredly they knew, if left to their own observation. But had the medical men then, from north to south, trumpeted the case and expatiated on the evils of quackery, the salutary and just convictions they already entertained would have been nullified or supplanted by marvelling at the transparent selfishness and littleness of man. And, so in all your circuits. Only be silent, prudent, and, above all, *candid*, whenever a case of homicide occurs around you by the men who have, by the favor of the New York Legislature, become legalized practitioners, and your employers will learn the truth in the end. Let plain farmers and mechanics be left to their own reflections, without the officious help of a fluttering regular, and though, at times, they get off the track, they will come about right in the end.

But I was saying, and saying strongly, that the regular physicians must hold the practice. You have had three or four years' training—bad enough to be sure—each of you, I doubt not, has one or more periodicals keeping up with the profession, you have occasional conferences—not enough, perhaps—at the bed-side of the sick. You can, and should, frequent some medical school—say our excellent one at Albany—you confer often with your medical brethren, and, what is confirmatory of my remarks, you have now the confidence and preference of the great mass of the people.

5th. My next suggestion is that *the members of this Society should be prompt to attend funerals, and to take their place by the side of the clergyman*. I am aware that this may appear trifling. But we have lost all traditional respect. The physician carries with him no dignity, nor distinction from the crowd around him, but that which he has in his head and manners. And it is just and mutually honorable to the friends and family physician, that the latter should be installed by the side of the minister in the last trying office.

6th. To render your hold on the confidence of your employers still more stable, let me suggest, in the next place, *that you be constantly awake to the varieties of constitution*. Thirty years since, the lancet, calomel, tartar-emetic, blisters and opium, embraced the principal remedies in the estimation of many physicians. A medical friend of mine, who settled within a few miles of me, had often from ten to twenty under his care, and whom he bled once or twice monthly for many times,

for what I now suppose was neuralgia in various parts of the body. I witnessed the result, which was most deplorable. I hope there is now not a man in this county who would bleed for simple pain of the side or head. You who have been educated to scrutinize the pulse closely, and make out an individuality to each patient, a particular temperament, cannot imagine the difficulty a man must encounter who had been educated in the antiphlogistic school of Rush and Hosack, in employing both the reducing and tonic courses in meeting his patients during the same day. The reducing course was thoroughly stereotyped in the disciple's mind; and when disorders seemed to imitate inflammation, he *durst* not administer the necessary stimulants and anodynes. Practitioners now use the whole. If any one has thrown away the lancet, calomel, &c., on the one side; or quinine, lobelia, or opium, on the other, let me say he has wantonly tied his own hands.

To show how we have lost employment as a class by our want of adapting our remedies to each constitution, allow me to adduce one example. I once lived for years by a large family who were unanimous in the employment of steam doctors. Being a family of good sense, I frequently asked myself the cause of their venturing their lives in the hands of uneducated, untrained men, especially when I knew, what we all know, the sudden deaths that occur occasionally in their treatment. I was at length called to one of the daughters, whom I found with a red face, hot skin, and an intense pain in one side. It was the picture of inflammation. But with all this, the pulse was moderate in frequency, and compressed with very small resistance, showing the case to be purely nervous. I therefore ordered her Dover's powder, compound assafoetida pills, warm drinks and repose. In three or four days she was nearly well. She stated to me she was once seized with a similar combination of symptoms, was bled, took calomel, &c., and never recovered except as nature slowly resumed the supremacy.

I afterwards became so much acquainted with the physical condition and temperament of the family, as to know, and I say it undisguisedly, that they acted wisely in employing steamers rather than men who were inseparably wedded to the depletive course of treatment. Although healthy in appearance, their circulation was so languid, their powers of re-action were so feeble, they were so slow to recover from any severe reduction, that no man could be excusable who disregarded these constitutional traits.

Gentlemen, you know there are some rheumatisms which require high tonics and stimulants from the commencement. There are many neuralgic diseases which so stongly represent inflammation that we cannot be too watchful. Remember, I do not condemn bleeding, calomel, tartar-emetic, &c. On the contrary, I employ them all myself, and could not think of parting with them. I only wish earnestly to inculcate untiring discrimination, that the families who had rather employ you may not be compelled to seek the irregulars through your remissness.

7th. I propose, as the last item in this protracted communication, *the strictest honor in the treatment of each other*. Medical courtesy is



ounded on a man's exalted opinion of himself. How *can* he descend to mean thing? Called into the sick-room of a patient who is suddenly worse, and whose physician cannot be found, the man who is determined to preserve his own sense of honor, and have peace within, does not even ask whether the absent practitioner is a friend to him. He will not soil his own spirit thus. After a candid examination of the case, having made no inuendoes, no ambiguous inquiries, put no questions which may have two bearings, not shrugged his shoulders, much less openly denounced the whole plan with the medicines, and planted daggers of uneasiness in the hearts that are already distressed; he supplies what is indispensable, speaks as well as he honestly can of the absent physician, and departs.

Now, sirs, what has this man lost by his gentlemanly bearing? Has he lost the good opinion or friendship of the family? No. Of the patient? No. Of the physician? Far from it. As the man advances in life, with uniform adherence to this course, he will continually be gaining friends among his brethren, and increasing calls to assist them in counsel where they are in trouble. And when this man meets with a brother at the bed-side of the sick, how agreeable to the family that no rival bitterness should jeopardize the life of the patient. In this mutual confidence between the different members of the profession, their employers no doubt feel the liveliest pleasure.

The reverse of this picture I will not pain you by drawing. Though but little acquainted, I firmly believe the county of Saratoga has less of the *odium medicum* than is common the world over. In a residence of eight years among you, I have seen but little proof of professional meanness or dishonor. I am sure that nearly all my professional acquaintances are truly honorable men, and from the bottom of their souls despise a mean action.

May we not, in conclusion, express the fervent hope and prayer to Him that directs all events, that this ancient and respected Medical Society of Saratoga, by her honor, harmony, industry, fidelity to the cause, and firm and affectionate support of each other, may obtain the willing applause of all her observers, and stand up respected among the distinguished of the Empire State.

#### ALLEGED HOMŒOPATHIC CURES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I continue to be a constant reader of your Journal, although I have nearly ceased to practise, prescribing only occasionally for particular friends and acquaintances. I have so little confidence in medicine as a curative agent, that it disqualifies me, if nothing else would, to practise it with success, according to the present notions of the people. In reading a recent No. of the Journal, I felt a little more interest than usual in Dr. Holt's cases, which were treated homœopathically; and on more mature thought, concluded to offer you my views on them, and re-

port one or two cases of my own. It is but justice to Dr. Holt, to say that I think his manner of treating the subject very fair and honorable. He is no doubt sincere in his belief that his course was the right one, and had the proper and desired effect. That his patients got well, I do not doubt; that the medicine cured them, I cannot say. It is proper to say, as did a distinguished professor of medicine, that certain medicines were given for certain diseases, and that the patients got well; and not that the medicine cured them.

The first case which the Dr. reports, was that of a man with a high fever and inflammation of the bowels. This patient had been bled and purged about eighteen hours before he saw him. This, of course, was all that was done, if the report is correct. It is common, however, for most practitioners to do something more, if the symptoms were as severe as stated. Now take the most unfavorable view of the case, and the strong probabilities would be, to every intelligent physician, that the patient would have recovered with only moral management, after being prudently bled and purged.

The second case was one which nature was making strong efforts to cure when the Dr. was called. The evacuations were all favorable, viz., puking, purging and sweating. The first dose produced no effect on the symptoms, and in twenty hours a different medicine was given. Nature was not quite prepared to operate with the first dose, and in the second nature no doubt cured the disease in spite of the medicine, if it had, indeed, any influence at all. This case looks to me verily as if nature was the principal agent in bringing about a restoration.

These cases are valuable in one point—they show the profession how little reliance there should be placed in medicinal agents, and how much on the natural powers of the system. There is one thing which should not be overlooked, which no doubt had a favorable influence on these two patients. They were inspired by hope, that could not be induced by a different class of practitioners. Every physician knows the importance of a quiet hopeful state of mind in his patients, and every thing should be done to this end which is consistent with good principles.

I will now mention a case which has recently fallen under my notice. I was invited to see a lady in a house where I visited as a friend, who was quite sick. Her pulse was about 100, severe headache, furred tongue, restlessness, sickness at the stomach, loathing of food, and a general prostration of the nervous energies. She told me she felt quite sick, but she preferred to take no medicine; she had great prejudice against it, and if she could not live without it, she would die without it. I acquiesced in her views, and told her to keep quiet and cool, and take nothing but water and a little gruel. This she did, and in due time was well. This would have been a triumphant case for homeopathy.

Another case was scarlet fever, the subject of which was a little girl four years old—my own daughter. The case was not of a malignant character. She was usually very well, but was taken suddenly sick in the night with high fever and puking. She complained of her eyes and nose, and the throat was quite red, and as I had for a few days past

been into a house where there was a case of measles, I suspected very strongly this disease. But it was not so, and she grew rapidly worse, developing all the symptoms of scarlet fever. The pulse was from 130 to 140 for the most part of three days, the skin was excessively hot and dry, great intolerance of light, and for three days she took no notice of anything, took not even a particle of gruel, nothing but water. The rash did not come out very full, nor was the throat very sore. This girl entirely recovered, without any medicine except a dose of castor oil after she was able to sit up. If this case had been in a different family from my own, I should have been dismissed for such a course of practice; and even as it was, my wife and other good ladies were exceedingly anxious that something more should be done. When my friends ask me how I can account for certain cures by homœopathic practice, I relate such cases as these I have just reported.

When we take into account that a majority of cases that physicians are called to prescribe for, are far less severe than that spoken of above, we cannot think strange that homœopathy has so many trophies of success.

I hope you will not understand me as being opposed to the use of medicine entirely, for this is not the case. I have, on the other hand, great confidence in its remedial powers, when properly prescribed by judicious and skilful allopathic physicians. I must say, however, notwithstanding the small quantities of medicine *now* used, there yet needs to be great improvement in this respect.

In conclusion, I wish to report a case second-handed. It was related to me by a distinguished physician of Lowell, and fell under his own observation. He was called to attend upon a little girl with severe inflammation of the eyes, which proved obstinate for some time under the most judicious treatment. One day when he called to see his little patient, and finding the symptoms no better, the mother began to express some anxiety about her daughter, and felt doubtful whether she would ever be any better. She says, "Dr., I have been thinking that something more powerful must be done, or Sarah will soon lose her sight entirely." I have been thinking so myself, says the doctor, and it must be done immediately. Something new was to be done, and satisfaction and confidence were restored. He now prepared some colored water, and ordered it to be given with the most scrupulous exactness as to time and quantity. This had the desired effect. The friends were kept quiet, while nature cured the disease.

JOHN CLOUGH.

June 25, 1846.

#### FASCINATION OF SERPENTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In looking over my Medical Journal of May 6th, my attention was attracted by an article on the Fascination of Serpents, taken from a New York paper, and sent, with an accompanying note, to your Journal.



With your permission, I propose to make a few comments on the novel statement there given, and to cite an article on the fascination of serpents found in the May No. of the Farmer's Journal of Agriculture.

Have serpents the power of fascinating? We all know, to our sorrow, that it is written, that the serpent trailed his wary folds in the garden of Eden—that "he stole the ear of Eve," and whispered to her a knowledge of good and evil; that she—frail woman—said, the serpent tempted *me* and I did eat, and that her consort said, the woman tempted me and I did eat.

Now we all know that women charm. But this faculty or power, I contend, is widely different from the alleged power of the serpent. There is, to be sure, a magic in the sparkling eye, the winning voice and way; but this is a natural and mental power. And some will not listen to woman's voice, "charm she never so wisely," while others listen to the song, and are bound hand and foot by Cupid's chain—his arrows, levelled at the heart, and entering at or about the seventh rib, transfix yet wound it not. And not a few soon learn a knowledge of good and evil, some to their great delight, and others to their irremediable sorrow.

We know that in nature there is much that charms. There is the syren-song of pleasure, the eloquent voice of the orator, the tones of music, and the sweet strains of poetry.

But have serpents the power of charming? Is it probable, as the account states, that the hunting party of soldiers, having surrounded a rattle-snake, and teased him with the points of their bayonets, became giddy and sick, as their physician said, from a stupefying effusion—a poison—which the snake emitted at pleasure? Is it probable that the saliva emitted by said snake was so virulent and concentrated, that the surrounding atmosphere was impregnated with it?—and that these *wee homœopathic saliva balls* could produce so powerful a narcotic effect upon the brain? Or were these men peculiarly sensitive to odors, and like some who grow faint at the perfume of flowers, or the fragrance of new mown hay? Might not this giddiness and vomiting be a coincidence, rather than an effect? and be wholly disconnected from any particular odor from said snake—arising, say, from improper food gathered in their foraging tour, or an excess of it, or alcoholic stimulants?

This idea of inhaling poison the writer attempts to corroborate by a statement from one of the same hunting party, who several years afterwards, on entering a room, where two rattlesnakes were exhibited, perceived a similar odor, though not so strong as in the former case, but was so sickened by it, that he was obliged to leave the room. In this instance we can conceive that the odor of decayed leaves, and the offal of the serpents, together with the association of the former circumstance, might have had some effect. But we cannot believe in the one or the other occurrence as proving to a certainty, what was said to be a fact by the physician, viz., that "the snake was charming the men with a stupefying effusion, which they—the snakes—emit at pleasure."

Because, in the first place, the view is regarded by the writer of the note preliminary to that article, as an hypothesis. Second, if serpents

were possessed of such power, other evidence might and would be adduced to support it. The account in question does not inform us, that any one in the latter case, excepting the individual referred to, became sick, and was obliged to leave the room. Nor have we reason to believe that the effect generally upon persons meeting with rattlesnakes is sickening and stupefying, or charming. There is probably as much in the charming of man, as in the charming of birds by serpents, and the one as well as the other may be accounted for without resorting to hypotheses like the one in question. Without further remarks, we quote the article proposed.

“There is a very general opinion, which has been adopted, even by some eminent naturalists, that several species of serpents possess the power of fascinating birds and small quadrupeds, so that the poor victim is unable to escape from his formidable enemy. Dr. Barton, of Philadelphia, published in 1796 a ‘Memoir concerning the fascinating faculty which has been ascribed to the Rattlesnake and other American Serpents,’ in which he maintains that this supposed power of fascination does not exist, and offers some ingenious explanations of the origin of what he considers a popular mistake.’ Your readers will, we think, be interested by an extract or two from his work.

“In conducting my inquiries into this curious subject, I endeavored to ascertain the two following points, viz., what species of birds are most frequently observed to be enchanted by the serpents? and secondly, at what season of the year has any particular species been the most commonly under this wonderful influence? I supposed this would furnish me with a clue to the right explanation of the whole mystery.

“Birds have an almost uniform and determinate method of building their nests, whether we consider the form of the nest, its materials, or the place in which it is fixed. Those birds which build their nests upon the ground, on the lower branches of trees, and on low bushes, especially on the sides of rivers, creeks, &c., that are frequented by different kinds of serpents, have most frequently been observed to be under the enchanting faculty of the rattlesnake. Indeed, the bewitching spirit of these serpents seems to be almost entirely limited to three kinds of birds. Hence we so frequently hear tales of the fascination of our cat-bird, which builds its nest in the low bushes, on the sides of creeks and other waters, the most usual haunts of the black snake and other serpents. Hence, too, upon opening the stomachs of some of our serpents, if we often find that they contain birds, it is almost entirely those birds which build in the manner I have just mentioned.

“The rattlesnake seldom, if ever, climbs up a tree. He is frequently, however, found about their roots, especially in wet situations. Nature has taught different animals, what animals are their enemies; and as the rattlesnake occasionally devours birds, he must necessarily be an object of fear to them.

“In almost every instance, I have found that the supposed fascinating faculty of the serpent was exerted upon the birds at the particular season of their laying their eggs, or of their hatching, or their rearing their young, still tender and defenceless. I now began to suspect that the cries and

fears of birds, supposed to be fascinated, originated in an endeavor to protect their nest or young. My inquiries have convinced me that this is the case.

“ I have already observed, that the rattlesnake does not climb up trees ; but the black snake and some other species of the *Coluber* do. When impelled by hunger and incapable of satisfying it by the capture of animals on the ground, they begin to glide up trees or bushes upon which a bird has its nest. The bird is not ignorant of the serpent's object. She leaves her nest, whether it contains eggs or young ones, and endeavors to oppose the reptile's progress. In doing this, she is actuated by the strength of her instinctive attachment to her eggs, or affection to her young. Her cry is melancholy, her motions tremulous. She exposes herself to the most imminent danger. Sometimes she approaches so near the reptile that he seizes her as his prey. But this is far from being universally the case. Often she compels the serpent to leave the tree, and then returns to her nest.

“ It is a well-known fact, that among some species of birds, the female, at a certain period, is accustomed to compel the young ones to leave the nest ; that is, when the young have acquired so much strength that they are no longer entitled to *all* her care. But they still claim some of her care. Their flights are awkward, and soon broken by fatigue ; they fall to the ground, when they are frequently exposed to the attacks of the serpent, which attempts to devour them. In this situation of affairs, the mother will place herself upon a branch of a tree, or bush, in the vicinity of the serpent. She will dart upon the serpent in order to prevent the destruction of her young ; but fear, the instinct of self-preservation, will compel her to retire. She leaves the serpent, however, but for a short time, and then returns again. Oftentimes she prevents the destruction of her young, attacking the snake with her wing, her beak or her claws. Should the reptile succeed in capturing the young, the mother is exposed to less danger. For, while engaged in swallowing them, he has neither the inclination or power to seize upon the old one. But the appetite of the serpent tribe is great : the capacity of their stomachs is not less so. The danger of the mother is at hand when the young are devoured ; the snake seizes upon her ; and this is the catastrophe which crowns the tale of *fascination*.”

“ Some years since, Mr. Rittenhouse, an accurate observer, was induced to suppose, from the peculiar melancholy cry of a *red-winged maize-thief*, that a snake was at no great distance from it, and that the bird was in distress. He threw a stone at the place from which the cry proceeded, which had the effect of driving the bird away. The poor animal, however, immediately returned to the same spot. Mr. Rittenhouse now went to the place where the bird alighted, and, to his great astonishment, he found it perched upon the back of a large black snake, which it was pecking with its beak. At this very time the serpent was in the act of swallowing a young bird, and from the enlarged size of the reptile's belly, it was evident that it had already swallowed two or three young birds. After the snake was killed the old bird flew away. Mr.



R. says that the cry and actions of this bird had been precisely similar to those of a bird which is said to be under the influence of a serpent."

No. 2 Baldwin Place, Boston.

JOHN SPENCE, JR.

### PRECOCIOUS CHILDREN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Dr. S. W. Shepard, near Lawrenceville, N. Y., sends me the following description of two precocious children residing in his vicinity. The cases are those of a boy and girl. Dr. S. says—"The boy is about 4 years and 11 months old. He is three feet and four inches high, and weighs fifty-eight pounds. His head is very large. He has considerable beard, as much as boys generally have at 19. His voice is a heavy bass. His intellect does not seem to be prematurely developed. In this respect he does not differ from other children of his age. His countenance is that of an adult—it has no childish look about it. His testicles and penis are of the usual size of the adult organs; the hair upon the pubes is long but thin. In fact, he appears like an adult dwarf.

"The girl I cannot describe so well, as I never was allowed an examination. She is 3 years and 7 months old, rather large of her age. Her mammaræ are preternaturally developed. In this respect she has the wonted appearance of a girl of 18." The doctor has been unable as yet to find out whether or not the girl menstruates. He adds, "Their animal desires are fully developed; as a proof of this, they are often seen in the act of coition."

I have only to add, that I know Dr. Shepard to be perfectly reliable, and that his report of these cases agrees with that given me by others. The cases are, I believe, without parallel—all their peculiarities considered. If they are worthy of publication, please give them a place in your widely-circulated Journal.

As ever, yours, &c.

Castleton, Vt., June 27, 1846.

MIDDLETON GOLDSMITH.

### CASE OF CONCEALED DELIVERY.

By S. C. Sewell, M.D., Lect. on Materia Medica, University McGill College, Montreal.

ON the 16th of November, 1845, at a quarter past 1, P. M., I was called to Mr. K.'s to see his servant, Bridget Cloone, ætat. 40, who was said to be suffering from colic and pain in the back. Laying my hand on the abdomen, I perceived that she was about seven or eight months pregnant. On my charging her with the fact, she denied it stoutly, said she had menstruated two months before, and finally, finding that she made no impression on my opinion, she declared, in the most solemn manner, "that whatever was inside of her, it was no child." The reason for this statement will appear presently. I had her removed to the University Lying-in Hospital, whither I went in an hour after, and finding that the physician in ordinary had not arrived, at the matron's request I examined her *per vaginam*, and found the os uteri dilated and the membranes pro-

truding ; presently I detected what appeared to be a cord lying coiled in the upper part of the vagina, and on pulling at it a free extremity came down, but not to the os externum. There were no clots of blood in the vagina. At half past five I returned, and found Dr. McCulloch in attendance ; the child just being born by the feet, and the woman still persisting that there was no child. The child was feeble, but not at all exsanguined. It survived a few hours. To the placenta were attached two cords ; that of the first child had evidently been divided with scissors, from the appearance of the cut surface. Information was given at the police office, that a new-born child had been concealed, for the woman denied that any previous birth had taken place. On searching the bed-room which she had occupied at her master's house, the bed bore evident marks of a delivery having taken place, and on searching her trunk the body of a male child was found, underneath the clothes, which had been very carefully smoothed over it. Care was taken not to disturb the position of the limbs, and the body was removed to the Police Station House.

An inquest was held on the following day, when Dr. McCulloch and I were directed to perform the autopsy, of which the following is the result :—The body was fifteen inches long, and weighed two pounds fifteen ounces avoirdupois. The body was not exsanguined ; there was no fracture of the skull ; the conjunctiva was intensely injected ; the cornea hazy and pupil open.

The body was found on its right side in the box, and was deposited on the same side in the station house ; in consequence, livid patches were observed on that side from the gravitation of the blood.

*External Examination.*—Several marks of injury were found as follows :—One from the right nipple to the point of the shoulder, half an inch broad ; one from the right side of hyoid bone to mastoid process of right temporal bone ; one a little lower, and to the outside, which terminated at the back of the neck ; the fourth commencing to the outside again, went to the middle of the superior costa of the scapula ; the hands were turned up to the head, the right one to the right ear. The nails were formed. The umbilical cord had been divided nine inches from the body, evidently with scissors, and there was no ligature on it. Meconium was protruding from the anus ; the testicles had descended ; the thighs were flexed on the abdomen, and the legs on the thighs.

*Internal Examination.*—The marks of injury before referred to were cut into, and the cellular tissue underneath was found to be red with extravasated blood. An incision was made through the lower lip, and down to the epigastrium, in the mesial line. On dividing the lower lip, the tongue was found protruded more than a line beyond the gums. On opening the thorax, the following observations were made :—The apex of the diaphragm was opposite the fifth rib ; the lateral portions were well descended ; the lungs were of a uniform bright scarlet color, occupying the lateral portions of the thorax, and touching the diaphragm below, but not filling the pleural cavities entirely. The heart and great vessels were nearly in the mesial line, and the cavity of the entire thorax was large for the size of the child ; the lungs crepitated on pressure ;

the lungs, heart and thymus gland were then removed, and, on being put into water, floated; crepitation occurred under the scalpel; a portion of lung was squeezed under water, and bubbles issued from every part of the cut surface; the same was observed on squeezing a portion in air; nearly half of each lung was removed, and the remainder, with the heart and thymus still attached, was cast into water, when the mass again floated; portions of lung floated in water; the cavities of the heart contained dark blood, slightly coagulated; foramen ovale was closed, but not obliterated.

*Inferences.*—1st. The child had breathed freely.

2d. The marks of injury on the right breast and neck were inflicted during life.

3d. They were, in all probability, occasioned by the left hand of an adult grasping the neck of the infant.

4th. The protrusion of the tongue, and position of the hands, are, probably, referable to strangulation.

5th. Death was not caused by hemorrhage from the cord.

6th. The child was between seven and eight months of utero-gestation.

The rest of the evidence went to show, that Bridget Cloone had been a widow for some years; that she had carefully concealed her pregnancy; that she had taken powerful emmenagogue medicines, prescribed by an irregular practitioner, up to the day of delivery, and that she was seen, half an hour before my arrival, to get out of bed, stand by its side, take a pair of scissors from under the pillow, and cut something under the bedclothes.

The coronor's jury brought in a verdict of "wilful murder." The bill of indictment founded thereon was thrown out by the Grand Jury. She was then indicted for concealing the birth of an illegitimate child, convicted, and sentenced to six months' imprisonment.

The above is an exceedingly important case in the annals of medical jurisprudence; and cases of the kind are very rare. Under the hope of escaping from the consequences incident to an actual infanticide, of which there is the strongest probability, this woman *persisted to the last that she was not pregnant*, little anticipating that a second child was to furnish its quota of evidence of the birth of a former one a few hours previously. The case furnishes a striking proof of the fact, that a woman may be delivered of one child, of which she may criminally dispose, for the purpose of concealing its birth, and may afterwards be delivered of a second, the life of which may be preserved.—*British American Journal of Medical and Physical Science.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 15, 1846.

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*Spurious Opium.*—Large quantities of imitation opium, so far as external appearance is concerned, have lately been sold at auction in this



place, which have none of the odor, and, it is fully believed, not one single property of the genuine article. Our attention has been called to the matter by Mr. Cushing, one of the firm of Brewsters, Stevens, Cushing & Co., an extensive, far-famed importing drug house, who kindly furnished us with two fair specimens of this very unfair proceeding. By the time this paragraph is in circulation, the spurious stuff will, unquestionably, have been widely distributed in the country. Physicians who dispense their own medicine cannot be deceived, if they will take the simple precaution of tasting and smelling the parcels they may order from the shops. As the best of opium is afforded at a comparatively reasonable price, this is a down-right piece of wickedness, originating, it is presumed, in Turkey, and should not pass unrebuked.

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*Goodwin's Splints.*—Mr. Anson Goodwin, of Ashfield, Mass., manufactures all kinds of splints, of a character so superior, in point of lightness of material, strength, fit, and mechanical adaptation to all varieties of fractures or dislocations of the limbs, that we have examined them with much satisfaction, as another triumph of Yankee ingenuity and usefulness. A few sets only have been taken in Boston, solely because there are no more to be had. The proprietor is a man advanced in years, who fabricates every part of the work with his own hands, and therefore the market will never be surfeited, till the major part of the apparatus is manufactured by machinery. A depot for the sale of these admirable contrivances should be opened at some convenient place in the city, where strangers may avail themselves of the advantages of the invention.

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*New Hampshire Asylum for the Insane.*—Accompanying the report of the Medical Superintendent of this Asylum, is another from the Trustees to the Legislature. After proper explanations of the trials they have had, the favorable condition of the pecuniary affairs of the institution is spoken of, and must be gratifying to the tax-payers of the Commonwealth.

"It will be recollected that the Board of Trustees reported last year the nominal amount of funds of the Asylum to be \$2,673 05. It appears by the present report, that notwithstanding the large increase in the price of provisions, and in most of the articles necessary for the support of the patients; notwithstanding an outlay of about \$600, principally for new furniture, needed on account of the increase of patients, and for other purposes than such as properly belong to the current expenses, the income of the Asylum during the past year has been sufficient to meet all its expenditures, and at the same time to add somewhat to its permanent improvements.

"It appears that of the whole number of inhabitants in the towns from which returns have been received, 1 in every 620 is insane; that the average period of their insanity is between 13 and 14 years. In addition to this, the committee also felt compelled to add, that 'neither the time nor the occasion require them to allude to instances of the aggravated and almost incredible suffering of the insane poor which have come to their knowledge.'

Andrew McFarland, M.D., the new medical manager, who is the successor to Dr. Chandler, appreciates the responsibilities of his offices, and

exhibits, throughout the first official paper he has drawn up, a just sense of what is proper to say on the topic of insanity. On the 31st of May there were 98 patients in the Asylum, and only five vacant apartments left. The male wing is entirely full, and more applications for admission are made than can possibly be received. Further additions are evidently contemplated. We could say much more in approbation of the first report of the medical superintendent, but it is uncalled for in the State where he resides, and where his reputation is firmly established. In future years, when he has become intimately familiar with the varying phases of that class of minds confided to his special moral training, we shall expect many interesting exhibitions of his ingenuity and skill in regard to the diagnosis and treatment of their diseases.

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*Temperance Address.*—On the 26th of May, which was the eighth anniversary of the Massachusetts Temperance Union, an appropriate address was delivered by Mr. Daniel Kimball, which was a forcible appeal to the consciences of men, and cannot be read without influencing the mind favorably in behalf of the great temperance reformation, still in progress in our country. One feature in Mr. Kimball's pamphlet may operate to its disadvantage, especially with the modern school of non-resistants. He says, at page, 24, "I do believe that the public mind is fully ripe for the measure I have suggested—the making of the sale of intoxicating liquors a penal offence." Leaving him to the care and keeping of the people, alive as they are to the prodigious evil of intemperance, we are certain that one part of the community, viz., physicians, will heartily second any effort that meets with general approbation, for suppressing this curse of the age.

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*Incontinency and its Evils.*—From Rochester, N. Y., a little pamphlet has been received, on the deplorable evils of incontinency. It is by an anonymous author, which will completely defeat the object of the author. If he wishes to influence thoughtless men and women, it is absolutely necessary that they should know who it is that addresses them. People, in these degenerate days, pay but slight attention to voices in the air; and prudent reformers of the public morals need not be ashamed of the cause in which they are engaged. Although we recognize many physiological truths in the tiny pages of this work, there is nothing new in point of fact. But such as it is, and however good the intentions of the author may have been, it may be questioned whether it will not do more harm than good in the community, by teaching the young and inexperienced in regard to abominations of which they were before entirely ignorant. A physician who addresses himself, in his own name, to the intelligence of the community, to apprise society of the existence of physical evils that are brought about by indulging in vicious habits, commands respect, and he is thanked for his words of wisdom, seasonably spoken. But anonymous advisers cannot hope for this result, even where good judgment is shown, and where they most covet influence.

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*Phrenological Hydropathy.*—Our friend O. S. Fowler, Esq., the talented editor of the American Phrenological Journal, is beginning to show

a disposition to favor the cold-water practice. He has admitted one communication on the subject, and afflicted the reader with the prospect of another on the same aquatic theme. Dr. Underhill may be a very honest practitioner of hydropathy, and take large fees for recommending wet sheets in summer complaints, without disturbing his organ of conscientiousness, for aught we know; yet his articles are quite out of place in a purely phrenological publication, where the reader has in past times been regaled with those noble and lofty views which are the characteristics of Mr. Fowler's philosophy. It is not possible to mix hydropathy with phrenology; the oil will rise to the top; and therefore it is not out of place to say that Mr. Fowler's Journal always excites the most pleasure when it breathes his own elevated sentiments, unmixed with the false schemes of adventurers, who would make the unthinking world believe that moonshine is tangible.

*New Hampshire Medical Society.*—The Fellows of the New Hampshire Medical Society held their fifty-sixth annual meeting in Concord on the 2d ult. The attendance was large, and the transactions in the highest degree interesting. Able papers on medical subjects were read by Drs. D. Crosby, J. G. Graves and Albert Smith. The following is a list of officers elected for the ensuing year:—

Josiah Bartlett, *President*; P. P. Woodbury, *Vice President*; C. P. Gage, *Secretary*; S. Cummings, *Treasurer*.

R. P. I. Tenney, C. P. Gage, E. B. Hammond, A. F. Carr, C. F. Elliott, A. P. Stackpole, D. Flanders, J. G. Graves, J. Eastman, E. B. Gale, G. B. Twitchell, J. Batchellor, E. R. Peaslee, C. B. Hamilton, *Counsellors*.

N. Wight, O. French, J. A. Wood, A. Smith, E. B. Moore, T. Bassett, A. O. Dickey, J. Hosford, T. Brown, W. J. Campbell, A. Twitchell, J. Batchellor, L. G. Hill, J. W. Cowan, *Censors*.

J. Cummings, J. C. Eastman, E. R. Peaslee, J. Crosby, J. B. Abbott, F. P. Fitch, J. H. Smith, *Corresponding Secretaries*.

P. P. Woodbury, S. Cummings, *Orators for 1847*. C. F. Elliott, Ed. Spaulding, *Substitutes*.

A. Smith, D. Flanders, *Delegates to attend Medical Examinations at Dartmouth College*.

John Hubbard, M.D., of Hallowell, Me., was elected an honorary member, and C. C. Tibbetts a Fellow of the Society.

*Worcester Lunatic Hospital.*—Dr. Samuel B. Woodward, who has so long and so ably presided over the Massachusetts State Lunatic Hospital, having resigned, Dr. George Chandler, for six or eight years Dr. Woodward's Assistant Physician in the Hospital, and subsequently for some time Superintendent of the State Lunatic Asylum at Concord, N. H., has been appointed Superintendent in his stead, and will soon assume the discharge of the duties of that responsible station.

*Rhode Island Medical Society.*—At the annual meeting of the Rhode Island Medical Society, holden at the Senate Chamber in the State House,



Providence, Wednesday, June 24th, 1846, the following gentlemen were elected officers for the ensuing year:—

Dr. Lewis L. Miller, *President*; Dr. Jabez Holmes, 1st *Vice President*; Dr. David King, 2d *Vice President*; Dr. Charles W. Parsons, *Recording Secretary*; Dr. Hiram Allen, *Corresponding Secretary*.

Important alterations were made in the by-laws. The annual meetings are hereafter to be held in Providence, and a semi-annual meeting on the last Wednesday in December, at such place as the Society, at the previous annual meeting, may appoint. The election of officers, moreover, is to be annual, instead of triennial.

*Muscles of the Glass-snake.*—In the July No. of the American Journal of Science and the Arts, is a paper by W. M. Carpenter, M.D., of the Medical College of Louisiana, on the peculiar arrangement of the muscular apparatus of the ophisauris, with diagrams, which explain very satisfactorily how the glass-snake can be broken into pieces at the caudal part of its body, without injury to the essential vital organs. Dr. Carpenter has certainly made a dark subject plain as noon day. Any anatomist or naturalist had better pay a year's subscription for the above work than not understand the beautiful mechanism nature has introduced into the structure of this obscure, fragile reptile.

*Dr. Waterman Pardoned.*—Dr. Waterman, whose sentence to the State Prison for three years, for being accessory to the disinterment of subjects for dissection, was noticed in a previous No. of our Journal, has been pardoned by Gov. Wright.—*Buffalo Med. Journ.*

TO CORRESPONDENTS.—Dr. Dix's cases of disease of the eye, Dr. Miller's case of eclampsia parturientium, Dr. Gillette's remarks on typhus fever, Dr. Ingalls's reply to J. C., and Dr. Wilder's case of homœopathic treatment, are on file for publication.

*Report of Deaths in Boston*—for the week ending July 11th, 63.—Males, 35, females, 29. Stillborn, 15. Of consumption, 11—measles, 8—intemperance, 2—teething, 2—disease of the bowels, 3—paralysis, 2—convulsions, 2—lung fever, 2—scrofula, 2—canker, 1—delirium tremens, 1—drowned, 1—typhus fever, 2—pleurisy fever, 2—inflammation of the brain, 2—infantile, 2—inflammation of the bowels, 1—accidental, 1—hooping cough, 1—dropsy, 2—disease of the heart, 1—smallpox, 2—old age, 1—childbed, 2—gravel, 1—inflammation of the stomach, 1—suicide, 1—cancer, 1—scarlet fever, 1—sudden (drinking cold water), 1—debility, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 8—over 60 years, 4.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| June. | Therm.        | Barometer.          | Wind. | June. | Therm.        | Barometer.          | Wind. |
|-------|---------------|---------------------|-------|-------|---------------|---------------------|-------|
| 1     | from 54 to 76 | from 29.57 to 29.42 | N E   | 16    | from 62 to 76 | from 29.23 to 29.37 | S E   |
| 2     | 62 80         | 29.25 29.33         | S W   | 17    | 56 77         | 29.40 29.40         | S W   |
| 3     | 64 78         | 29.25 29.32         | N W   | 18    | 57 83         | 29.33 29.40         | S W   |
| 4     | 65 85         | 29.22 29.32         | S W   | 19    | 65 86         | 29.17 29.25         | S W   |
| 5     | 68 80         | 29.03 29.11         | S W   | 20    | 58 68         | 29.11 29.11         | N E   |
| 6     | 62 70         | 29.04 29.23         | N W   | 21    | 54 64         | 29.05 29.08         | N E   |
| 7     | 50 72         | 29.37 29.51         | N W   | 22    | 50 54         | 29.06 29.29         | N W   |
| 8     | 54 72         | 29.59 29.66         | S W   | 23    | 47 57         | 29.33 29.41         | N W   |
| 9     | 52 79         | 29.70 29.76         | N E   | 24    | 46 67         | 29.43 29.57         | N W   |
| 10    | 51 82         | 29.38 29.60         | S W   | 25    | 50 69         | 29.39 29.40         | N E   |
| 11    | 58 80         | 29.49 29.30         | N W   | 26    | 54 66         | 29.20 29.21         | N E   |
| 12    | 56 68         | 29.44 29.71         | N E   | 27    | 53 66         | 29.27 29.38         | N E   |
| 13    | 44 76         | 29.65 29.74         | S E   | 28    | 57 76         | 29.38 29.38         | S W   |
| 14    | 52 81         | 29.40 29.54         | S W   | 29    | 64 50         | 29.34 29.38         | S W   |
| 15    | 64 87         | 29.23 29.30         | S W   | 30    | 62 83         | 29.36 29.38         | S W   |

Range of Thermometer, from 44° to 87°. Barometer, from 29.04 to 29.76. Rain, 2.37 inches.

*Fecundity of French Inhabitants near Fort Kent, Me.*—They marry at an early age, particularly the females. One couple, who dwell a short distance from the Fort, was married when the husband was 13 and the wife 14 years of age; an instance occurred, since my residence in the country, of the marriage of a girl of 13 years, who had never menstruated, and this I am told is by no means uncommon.

Some of the families are rather remarkable in point of numbers. Twelve living within a mile of the garrison, and taken without exception, have had in all 93 children, and been married, in the aggregate, 162 years; a child every 20½ months. The wife of Jacques Camel (the father of one of these families) has been married 11 years, and had 7 children, all now living, except the oldest, who died at the age of 4 years. During the whole of these 11 years, she has never seen her monthly periods but once. Her second child was born exactly nine months after her first accouchement, her third the same period after her second. She has always been in the habit of nursing her children from one birth to another.

Burgoyne, æt. 59, residing at Green River, has had 20 children—18 by his first wife, 2 by his second. She is now enceinte. His eldest daughter has been married ten years, and has had 8 children. His mother had three pair of twins.

Larent Terriand, at the same place, has had 26 children by one wife; the mother had her last infant at the age of 53.

Buonaventure Le Crog, in 18 years, had 19 children; of these, five pair were twins.

Thibadeaux, now 66 years of age, had had 22 children by two wives, 10 by the first, 12 by the second. Buonaventure Lisott, at the age of 27, married Julia Martin at 19. He is now 51, she 43. They have had 17 children; and 4 pair were twins.

Jerman Ceie has had 22 children; all single births; his wife was married at the age of 14, and is now 43.

Jerman Michaux has had 20 children by two wives; the youngest of these is 4 years of age. He is now 59, she 45 years of age.

The wife of Isaac Bialeto, 42, has had 19 children.

Mr. Webber, the Massachusetts Land Agent, who took the census in 1830, saw in one log hut, a woman with 5 children under 3½ years; one twin, and one triplet birth. She was then pregnant a third time.

They are attended during their confinements, by the older women, some of whom have acquired considerable reputation in the management of obstetrical cases. They do not hesitate, when the labor does not progress with sufficient rapidity, to seize upon the presenting part and effect the delivery with main force. In an arm presentation, the midwife fairly tore the child to pieces, effecting a delivery by means of a common kitchen pothook, and, what is rather singular, the mother recovered without any serious trouble resulting. They leave their beds often within twenty-four hours after the birth of the child, to attend to their customary household employments. In consequence of this, their rapid child-bearing, and the hard labor to which they are occasionally subjected, the great majority of the females, particularly when advanced in life, suffer from prolapsus uteri and leucorrhœa. Uterine hemorrhages are also of very frequent occurrence.—ALEXANDER S. WOTHERSPOON, M.D., in *New York Journal of Medicine*.

THE

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WEDNESDAY, JULY 22, 1846.

No. 25.

COLORED SPECKS IN THE TRANSPARENT TEXTURES OF THE EYE.

By John H. Dix, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE subjoined cases, though not instructive in a therapeutical point of view, and, as far as relates to their peculiar features, not amenable to treatment, may yet, from their extreme rareness, interest some of the readers of this Journal, and elicit an account of similar observations. I have never before met with similar appearances, except when portions of the black pigment had become detached, and adherent to the capsule of the lens or to the cornea; and upon referring to all the works upon the eye within my reach, find no details of any. All the remarks and statements bearing upon the subject which I have been able to collect, will be found appended to the two cases, which as they happen to be both under my care at the present time, may be seen by any gentleman who desires it, and are as follows.

1st. *Amaurosis, with Black Dots on the Cornea.*—October 7th, 1845. Mrs. C——, æt. 56, of Boston, in 1827 had both eyes operated on successfully for cataracts. Eight years ago the vision which she had recovered in the right eye began to fail, and in the course of two years was quite lost. The left eye was affected with internal strabismus, and in June last was operated on in New York, but without success, there being partial paralysis of the external rectus muscle. For the last three years vision has been failing in this eye. Now she can distinguish a man from a woman, but cannot walk about alone. In the right eye the pupil is clear and slightly dilated, but the iris motionless. In the left a small portion of opaque capsule remains, and is adherent to the outer margin of the pupil, which is otherwise clear. On the cornea, towards the outer canthus, are two thin, white nebulous opacities. The remainder of the cornea of this eye is studded irregularly with very small opaque round dots, the largest being perfectly black and the smaller ones of a dark gray, or smoke color. The largest are not quite so large as the head of the smallest pin. With the eye alone eight may be counted, and by the aid of a lens, nearly twenty, all those of which the form can be appreciated being round.

The perfectly normal condition of the iris in this eye, and the uniformity in the shape and general appearance of these spots, forbid the



supposition that they can be owing to a displacement of the black pigment ; while their apparent distance from the outer surface of the cornea, and their strict resemblance in size, form and arrangement, to the white spots with which in aqua-capsulitis it is often seen to be studded, indicate the lining serous membrane of the cornea as the seat of this affection. Iris light blue, movement in the left normal. Mrs. C. cannot say how long these spots have existed ; they have not before been recognized. She has been dyspeptic for four or five years past.

April 21st, 1846. With reference to the black spots on the cornea, no treatment has been adopted. They are now in every respect as when first seen. All those which can be seen with the naked eye, are perfectly, intensely black.

*Amaurosis, with Yellowish Dots upon the Anterior Capsule of the Crystalline Lens.*—Feb. 24, 1846. Miss B——, æt. 13, of N. Ipswich, when 7 years of age had scarlatina, and about six months afterwards her vision became indistinct. During the last six months it is thought that her vision has been failing, and that there is now a greater difference than formerly in the vision of the two eyes. With the left eye she can read on the title-page of the Boston Medical and Surgical Journal the large print, and with the right, the same print less distinctly. Reads best at the distance of  $4\frac{1}{2}$  inches. Iris light hazel. Movement of the iris in both eyes somewhat sluggish.

In the right eye the central portion of the anterior capsule of the crystalline is obscured by a thin nebulous opacity, of a brownish-yellow hue. It is an irregular patch, whose largest diameter may be about the sixteenth of an inch. Viewed through a lens of two inch focus, this nebula is resolved into innumerable little yellow dots, as if the capsule were sprinkled over with a fine yellow sand. The dots in the centre are somewhat better defined than those near the circumference. The color of these spots is deeper and more vivid than the yellowish hue which sometimes pervades the cornea or chambers of the aqueous humor in persons affected with jaundice. Her health has been good since the attack of scarlatina, except that she has every few days a headache, which usually concentrates and becomes most severe about the brows and temples ; her appetite is variable ; she is troubled with constipation.

May 19th, 1846.—Miss B. has been, and is still under treatment, with a view to the amaurotic condition of her eyes ; but although she has considerably improved, the case is not in such a condition as would call for a detail of the treatment.

After consulting more than twenty works on the subject, I find no opacities of the cornea, other than white in its different shades, from yellowish to pearl or milky white, recognized, except by the following writers.

Lawrence, page 347, speaks of a smoky, a yellowish,\* and occasionally, a reddish tint.

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\* The cornea in persons affected with jaundice often acquires a decidedly yellow tinge, but this discoloration is not in patches, and is generally diffused throughout it and other textures of the eye.

Middlemore, vol. 1st, page 446, says—"I have observed them in several instances to be as red as a clot of blood, or a mass of fibrine, and I have also seen them of a black color."

M. Rognetta, page 424, says they may be "*de couleur blanche, jaunatre, rougeatre ou perlée*"—white, yellowish, reddish or pearl-colored.

Dr. Karl Hinly does not seem to have observed it himself, but says, vol. 2d, page 82, "*In einer Pest Epidemie sah Biddloo plotzlich in der Hornhaut rothe weisse, bleifarbigte schwarze, flacken entstehen*"—During an epidemic pestilence, Biddloo saw red, white, lead-colored and black spots suddenly appear on the cornea.

Chelius, vol. 2d, page 203, describes one species as being "*von neblichter, rauchigter, wolkenartiger, ins Dunkelgraue spielender Farbe*"—of a foggy, smoky, cloudy hue, or of a color approaching to dark gray.

Giovanni Fabini speaks of some as being "*di colore di fumo*"—smoke colored.

In no one of the works examined is mention made of colored spots upon the capsule of the crystalline lens, except those irregular black particles arising from an adhesion of the black pigment, and usually found near the circumference.

Two cases, however, are reported of similar spots found during *post-mortem* examinations upon the retina, which, as bearing some analogy to these, and having been, as far as I am aware, never noticed in any English work, I have taken the trouble to translate.

The first is by Dr. v. Walther, of Munich, in his *Abhandlungen aus dem Gebiete der Chirurgie und Augenheilkunde*, vol. 1, page 40. "A man who, in consequence of rickets, had become exceedingly deformed and dwarfish, and who had been accustomed to live in a close, damp atmosphere, without proper attention to cleanliness and exercise, and upon coarse, for the most part farinaceous, food, was, a year before his decease, which took place from a dropsical affection in the thorax, of which he had previously no indication, affected with a gradually increasing blindness, accompanied with violent pains in the head. On examining the case, I found all the symptoms of decided glaucoma. With great intolerance of light, he had still no true perception of it. In both eyes was an evident cloudiness, commencing not far from the pupil, and presenting behind it a plate-shaped depression of a greenish hue and hardly proportionate to the total blindness of the patient. The anterior portion of the vitreous humor seemed to be somewhat turgid, so that in the left eye especially the lens, and upon it the iris, were projected, the latter instead of hanging perpendicularly between the two chambers of the aqueous humor, showing an outwardly convex surface. The mobility of the iris was somewhat lessened, the pupil slightly dilated and of unequal size. There was no expression (*blick—look*) in the eye (a grave but rather indefinite corroborative evidence in affections of the internal textures of the eye), and the image of any object placed before the eye mirrored itself not, as in the earliest stage of cataract, in or immediately behind the pupil, but deep in the posterior chamber; the dark shade of the vitreous

humor answering to the transparent lens the same purpose which the metallic coating behind does to the glass of a mirror. The whole sclerotic was thin, but towards the cornea, so much so, that not only did the choroid impart to it a bluish tinge, but the peculiar arrangement of the corpus ciliæ could be traced with tolerable distinctness. Many enlarged vessels visible in the conjunctiva.

The state of the eye remained unchanged until the death of the man. Upon *post-mortem* examination, I found the lens and the vitreous humor transparent and in normal condition; the choroid had no indications of disease; but the retina in both eyes was studded over with black and some red specks, which were of various sizes, rounded, and most abundant anteriorly. They were most numerous in the left eye. It should be observed that these spots did not arise from portions of black pigment torn off and adherent to the retina. They were incorporated in the very texture of the retina, and on forcibly scraping with a curet (Davieschen Löffel) could not be separated from it. Now, after nine months preservation in alcohol, the spots are still, though somewhat faded, distinctly visible upon the retina."

The second was observed by Dr. F. A. von Ammon, of Dresden, and is reported in his *Zeitschrift für die Ophthalmologie*, vol. 2, p. 392. "In the spring of 1832 I examined the right cataractous eye of a man who died of general dropsy at the age of 74. I found beside the opacity of the crystalline lens, a peculiar toughness and adhesiveness of the vitreous humor, and upon the inner surface of the retina two round, very yellow spots, which were the terminations (*endgungs puncte*) of two tolerably large branches coming from the centrales retina. The macula lutea (*gelbe fleck*—*yellow spot*) also existed, but was not so deeply colored as these maculæ luteæ; the foramen centrale was wanting.

*Boston, May 29th, 1846.*

#### A BRIEF REVIEW OF DR. HOLT'S PAPER, ENTITLED "ACONITE AND MERCURY—HOMŒOPATHICALLY."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—When I wrote an article "On Homœopathy," several months ago, I did not contemplate anything further on the subject, my object being to elicit the opinions of others more capable than myself, thinking a public discussion of it would be advantageous at the time when this new doctrine was (as its friends say) making rapid strides in our midst. But, to my astonishment, I was assailed from every quarter; the cowardly foe in ambush, with malicious missiles, and the honorable opponent, with more valiant arms, have continued to batter the walls of my eventful castle, and again I am called upon to defend the domicile that has so kindly sheltered me during the raging of the storm. Indeed, I do not feel weakened by the combat, for as yet, not a hair of my head has fallen to the ground. Well aware of the *chivalry* and *astuteness* of my chief opponent (Dr. Holt), I might well tremble in ap-



proach of the dreadful conflict at hand, were it not that his weapons, though skilfully employed, are rendered powerless when brought in contact with the instruments of truth, though wielded by a feebler arm.

Now to the points at issue. Dr. Holt says my last article was "rather a singular one"; that I used "soft soap," &c. What does the gentleman mean by its being *singular*? Let your readers judge of its peculiarities as it merits; and here let me admonish my friend not to be *odd*, for it has now become an atrocious crime to appear "singular," according to the laws of the homœopaths. Did Dr. H. call my article odd because it called him in question, and found him bearing a burden too ponderous for his strength? I hope he will tell us all about it when he writes again. If he has not been lavish in the use of "soft soap" in his last "appearance," I know nothing of the material he mentions. Through the transparency of its bubbles I perceive he already quivers in his harness, which he will find a *galling* one "ere the end of the journey." He remains unrelenting towards W. for saying he had not read *all* the "*learned lumber*" on homœopathy that has been written. He admits my previous statements, that the homœopaths *bleed, blister, purge, &c.*, and thinks I have "just learned" it; but I must inform him that I have known this a great while before I heard or read of Dr. H. The admission of this fact (from the *pen* of a homœopath) ought to be sufficient to convince any man that homœopathy is mere pretension. Moreover, he admits that chemistry will not detect medicinal substances in homœopathic preparations; yet these minute potions are all powerful in curing disease—or, in other words, *the more dilution the more power in the drug obtained*.

From hence my friend soars away to the dark and dangerous regions of hypothesis; thither I dare not follow him, for those who are so fortunate as to return from a visit to those countries, seldom regain their reason, but they become like the inhabitants thereof.

Dr. H. gives two cases of disease that he treated homœopathically. The first case (enteritis *acute*), the morning previous had *appropriate allopathic treatment*, the patient having been *bled* and purged freely. He (Dr. H.) was called the evening after this "appropriate" treatment had been employed, and because the patient survived, he attributes the cure to infinitesimal doses of *aconite*! Was it *aconite* or *bloodletting* that was useful here? Again, your readers are left to opine for themselves. I submit this question without argument.

His second case was "bilious vomiting," &c.—finally cured with mercury. I have seen many cases of this complaint recover without treatment; but when it proves obstinate, certainly *small doses of mercury* are efficient as a curative. What is there *remarkable* in the case given by Dr. H.?

To gratify the doctor's itching, I will give two cases that I have treated homœopathically.

CASE I.—Patient suffering from tumefaction of the tonsils, pulse 100, deglutition difficult. (In the morning.) Gave patient two globules of *aconite*, to be repeated every hour till symptoms abated, &c. (At even-

ing.) No improvement, and as I saw belladonna was indicated, I prescribed two globules of belladonna once every two hours, &c. This treatment was followed till next day, without *any* beneficial change. Then I employed the usual allopathic remedies, and in two days my patient was well, save a slight soreness of the throat which soon disappeared.

II.—J. B., age 22; disease, *constipation*. Pulse 115, tongue dry, great thirst, and violent pain in the abdomen. (Six o'clock, P. M.) Gave three globules of aconite every hour for six hours, without the least benefit; then gave opium for six hours, the patient no better; discontinued the opium, and substituted mercury; but my patient was growing worse, when I resorted to allopathy, and soon relieved him.

These patients were placed in as favorable positions as possible, and everything likely to embarrass the operation of the medicine was avoided, and the cases prescribed for in accordance with good homœopathic authority. In the last instance the complaint had been gradually increasing for ten or twelve days before I saw my patient. I also submit these results to the scrutiny of your readers, without comment.

But suppose I had cured these patients as readily as Dr. H. could have done; the fact of my doing so in these instances, would have been no surety of my success in two other similar ones. A random shot may kill a lion, and ten good marksmen fail the same distance with better rifles. For *chance* may be successful or not, as *chance* makes it; but there is no certainty, no *probable certainty* in the results of such operations, though they may be fortunate a thousand times in successive order.

In medical science there is no such thing as mathematical certainty; the *nature* of the science itself forbids our coming to *exact* results in physics, as in geometry, &c. The reason for this is evident to every medical man. General principles apply to large groups of diseases, and are also applicable to mankind in large numbers; but the effects of such application are varied according to determinable laws. And hence, if *two* or *ten* cases of croup should recover under the administration of a given medicine, which is not applicable to the case, that is, one not indicated, it would most likely fail in a thousand other instances in the same order. So it happens that ten patients die and a thousand recover when *all* have received appropriate treatment. Consequently, "*The imperfections of medicine as a science are inherent in itself.*"

From these remarks Dr. H. may learn that his array of cases will fail to convince *medical men* of the superiority of homœopathy as a system. I know with *others* it will prove different, and believe with Hahnemann "that persons ignorant of the medical profession were the first to discover that the homœopathic method of cure was the safest," &c.

As I have said once before, it is not the "small doses" that renders homœopathy so objectionable, it is the wildness of its theory; for what is it but *loose theory* when the accurate science of chemistry and *all* that is rational is thrown out of the scale, and we are urged to believe what we cannot comprehend, simply because there are other questions difficult to understand. This is the kind of argument that my friend employs to convince us that homœopathy is a science.

Dr. H. inquires if we can "detect the poison of a marsh," &c. He compares the operation of homœopathic globules to the effects of those poisons. But your readers will perceive at once how inconsistent he is in this attempt. These "poisons" act chiefly on the *nervous system*, while many medicines which Dr. H. employs act altogether on the *skin*, the *mucous membrane*, &c. We at once see there is no grounds for his comparison, and he has on this spot shown himself, in our opinion, *ignorant* or *insincere*. Again, your readers are left to form their own conclusions.

The "analogy" between homœopathy and vaccination is quite evident to our friend, but it was "*inoculation*" for smallpox, a somewhat exploded doctrine (or at least one that has been almost entirely superseded by a better), that he at first made use of; but seeing the rock, he dodged it on his second voyage, and is now in safety; for the channel of his theory is so wide that *any* point of the compass will keep him floating.

While on this point let us see what Hahnemann says. "The higher the dilutions of a medicine are carried in the process of developing its power by *twice* shaking, the more rapidly and with the more penetrating influence does it appear to affect medicinally the vital power." Now I will ask Dr. H. why a quill charged with pure vaccine matter cannot (if the assertion is a true one) be made more energetic by diluting the virus to the C. dilution, or, as a learned friend suggests, "by dipping the quill into a bucket of water"? Here is a plain common-sense question; I will leave it also to your readers.

The analogy between homœopathy and hydropathy is this; both doctrines are espoused by *learned* and *honest* men; both parties make astonishing cures with little or no medicine; neither of their advocates think they ride "hobbies"; and *both* say *theirs* is the only perfect system of medicine in existence," &c.

Next, Dr. H. goes on to eulogize Hahnemann. Let us see what others can say of him. "Dr. Leo Wolf, formerly of Germany, now of New York, one of Hahnemann's intimate acquaintances, states, that Dr. H. was in early practice much addicted to the vending of *secret* drugs," &c. If this is true, it is a disgrace to his memory; it appears characteristic of the man. Let those who doubt it, inquire of Dr. Leo Wolf, *a living witness*. Hahnemann is mentioned by his friends as a public teacher. We are informed that this "grew out of the circumstance of his having given, while at school, French lessons; from the avails of which, and the little he received for translating some French works, he made out to support himself."

With regard to allopathic practitioners becoming homœopaths, I can say that *very few men of distinction* do so, either here or in Europe; but were it otherwise, it would not follow, as a matter of course, that the doctrine is sound. Would my friend become a Mahomedan, and renounce his christian faith, if President Wayland and others should come out and advocate for the great prophet? There would be the same



reason for it, as there now is for me to embrace homœopathy, because Professor Henderson or some one else has.

I know very well that some of our most distinguished men are set down as homœopaths; but if we look after facts we find these statements are complete falsehoods. And here I give an example. The following letter is from one of the most learned and talented physicians of our country, whose name has been claimed by the homœopaths as "one of theirs."

"In reply to yours received a few days since, I may state, that I never have had any fellowship in the doctrine or practice of *similia similibus curantur*. From time to time I have been quoted as believing in this preposterous nothing, and now and then the journals have lugged me into their ranks to answer the purposes easily understood.

"In one of my late journeys to Europe, I visited their great luminary, Hahnemann, and because I remarked that he was a noble and venerable old gentleman, *ergo*, I must be one of his converts.

"I have pupils who have become converts, and now practise this *Pathy*, as well as many friends, and it grieves me to say, that as I know they are not fools, shall I say, as many do, that they are knaves? Is it possible that any one educated to our pathy, can in sincerity and truth, turn to the *little little pathy*? It seems to me impossible."

Before I close, let me ask Dr. H. how his "great luminary" ascertained the pathogenetic virtues of those medicines he employs in the last and most dangerous stages of phthisis pulmonalis, pneumonia, carditis, enteritis, croup, &c. Does he vary his prescriptions for the robust man who is dying from peritonitis, or does he administer as he does to the delicate female who has the *same disease and the same symptoms*? In the two cases above the *symptoms* may be the same, but the pathological difference may be great. Homœopathy would make no difference in the above cases, their prescriptions would be the same; else what becomes of the doctrine "that the totality of the *symptoms alone* constitutes the disease."

With this doctrine they go out and prescribe for their sick according to their *symptoms*, without regard to *age, sex, temperament, habit, or idiosyncrasy, &c. &c.*

I feel that I have already taxed the editor's patience too long, and I close this article by making a quotation which, it appears to me, will ere long be verified. "Homœopathy, now it has begun, must, like an *epic poem*, have a *middle*, and a brief *disgusting end*! This is its fate."

Lime Rock, R. I., June 26th, 1846.

Yours,

J. P. LEONARD.

#### CASE OF ECLAMPSIA PARTURIENTIUM.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. L., of Poultney, Vt., aged 32, in her third pregnancy, was taken in labor at about 12 o'clock, on the night of the 26th June last. After

a easy and natural labor of three hours, she was delivered. The placenta was removed spontaneously in twenty minutes after the birth of the child. About fifteen minutes subsequent to the delivery of the placenta, she experienced a severe after-pain, which was immediately followed by nausea and inclination to vomit, with violent pain in the frontal parts of the head and eyes. This being repeated, soda water and an anodyne were administered with the effect of relieving the pain and nausea: and these symptoms not returning, she was left at 5½ o'clock in the morning, in a comfortable state. She continued in this condition until her first fit, which occurred at 6 o'clock, three hours after her delivery. A messenger was immediately despatched, and she was seen about ten minutes before the second convulsion. The features, as well as the groans and restlessness of the patient, indicated intense pain. The pulse was full, strong and hard, and about 100 per minute. She was evidently about to relapse into a second fit. In a moment more there were irregular and convulsive twitchings of the muscles of the limbs, trunk and face; the features became hideously distorted, froth issued from the mouth, respiration was suspended; and the whole muscular system was in a state of spasmodic contraction. The spasm lasted about two minutes, and was more severe than the first. After the convulsive action had ceased, respiration gradually returned, which was first of a stertorous character, and in fact the patient seemed, for some twenty minutes, in an apoplectic condition. This passed off and consciousness appeared to be restored. The patient was then bled to the amount of a pound and a half, with marked alleviation of the pain and congestion in the head, and improvement of the pulse. In the mean time a decoction of valerian with assa-fœtida was prepared and administered. The third fit recurred, however, after about the same interval as the second, though in a much less aggravated form. The spasm was of shorter duration, and consciousness was sooner and more perfectly restored than in the two preceding instances. On examination of the pulse, it was not judged advisable to abstract more blood, but the antispasmodics were given at shorter intervals and in large quantities. The bowels, from which there had been no passage for three days previous to labor, were now moved by an enema of assa-fœtida, milk, molasses and salt. A large number of scybala passed when the injection was voided. Though convulsions were several times threatened, yet by these means, and by applying sinapisms and frictions to the extremities, they were prevented until 12 o'clock, M., four hours after the third convulsion, when they returned with increased violence. The phenomena which invariably preceded the convulsions, are exceedingly instructive and interesting, as they demonstrate some of the many sympathies which are so remarkable in the human system. About ten minutes previous to a convulsion, the patient would rouse from her half-comatose state, and complain of severe pain in the region of the uterus (evidently an after-pain); then followed nausea and vomiting, and subsequent to this violent pain in the head, which ushered in the convulsion. After this fourth convulsion, the stupor of the patient seemed increased. A blister was now applied to the temple, and a pill

composed of three grains hyoscyamus and two of camphor, was given every two hours, with an injection of mucilage and assafoetida occasionally. The pulse at this time was variable; sometimes full, strong and frequent; at others the reverse. The fifth paroxysm came on at 2 o'clock, P.M. The patient much the same as before. The sixth fit occurred at 4 o'clock, after which, the nausea having partially subsided, a full dose of calomel and aloes was given, and a blister applied to the opposite temple and to the back of the neck. The succeeding convulsions occurred with the following intervals, viz., three, two, three, four and four hours, the last occurring at 8 o'clock, June 28th, about twenty-nine hours after delivery. The cathartic operated about nine hours before the last fit. The treatment already specified was continued, and as the bowels had become distended, fomentations were applied. The coma and stupor of the patient gradually increased after the fourth convulsion, and continued for six hours after the last, when there appeared some signs of consciousness. The patient, however, after exhibiting these signs, immediately sunk into a comatose condition, and remained in this state twelve or fourteen hours, after which time a gradual improvement took place. The treatment subsequent to this consisted in a repetition of the cathartic and a continuance of the antispasmodics, enemata and blisters.

It is remarkable that the patient, on the restoration of consciousness, had not only lost all recollection of what happened during her labor, delivery, and the succeeding convulsions, but also what occurred for forty-eight hours previous to labor. When her child was presented, she inquired where it came from; and said, "you must have had great times here while I have been asleep." A recollection of the circumstances which occurred up to within two hours of her being taken in labor (at which time she retired for the night). has since returned to her. For several weeks before labor, the patient had complained of pain and dizziness in the head, and this was attended by a constipated state of the bowels.

It has been already noticed in the report of this case, that the convulsions were preceded by the after pains, and, as it would seem, caused by them. The question might be raised, whether uterine contraction, by which a portion of the blood was excluded from that organ and consequently sent to the brain in greater quantities, was the exciting cause of the convulsions; or whether it was from nervous irritation, originating in the uterus at each contraction, and from thence propagated to the brain through the sympathetic system. From a careful observance of the symptoms, I am disposed to think that both these causes had their effect; and that the predisposition was brought about by the previous congestion of the brain, and costive state of the bowels. If a moderate abstraction of blood and mild laxatives, had been resorted to, the consequences would probably have been avoided.

BURTON & MILLER.

*West Poughkeepsie, Vt., July 7th, 1846.*



## DR. INGALLS'S REPLY TO J. C.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The courteous language of the anonymous communication, signed J. C., in reference to a case published in a former No. of the Journal, and the delicacy with which the writer insinuates the inapplicability of "infinitesimal" to a dose of medicine, as the signification of the term dose implies a *definite* quantity, demand a respectful reply to your correspondent's inquiries.

Although "infinitesimal" originated in the design of ridiculing doses of medicine so exceedingly diminutive, as, it was supposed, to be destitute of the power of producing any effect on the system, yet from the frequency with which it has been used to signify merely extreme minuteness, and from my belief that however small the dose, it possessed activity, I have been induced imperceptibly to adopt the term; for having fallen into the error, I deem myself justly amenable to the indirect, but pointed rebuke of your correspondent.

The precision with which homœopathic medicine is prepared, and the potency of each dose being exactly and numerically defined, constitute one of the great merits of this mode of practice. In the preparation of the articles in the *Materia Medica* of which he treats, Hahnemann was so scrupulously exact as to incur the sneers, taunts and jeers of the whole medical canail. The respectable part of the profession, however, though they may have considered homœopathy unscientific and inefficacious, have not degraded themselves by indulging in the low ribaldry, which so eminently characterizes the productions of many of the opponents of this mode of practice.

There is an axiom in philosophy, that matter "is infinitely divisible;"\* if this axiom be well founded, there can be no bounds set to the division of the particles of a medicine. The great difficulty to overcome, is to devise a process by which the division and diffusion of the particles can be effected. Trituration and concussion of a medicine will go far to sub-divide the particles into a sufficient number to impregnate the minute dose with its peculiar virtues. Experience proves that the highest potency to which a medicine was carried by Hahnemann, retains its curative powers.

Of the only two Hahnemannian preparations of lead which have come to my knowledge, the metallic and acetate, I use the first, as the sedative property of the *plumbum metallicum* may be communicated to lard by rubbing it between two lead weights—showing that the most prominent virtue of the metal may be imparted to a proper medium by attrition alone, and, as it is said, the attenuations of the metallic lead are to be preferred to the acetate.†

The dose given to my daughter was two globules of *plumbum* of the fifth potency.

The following is the mode of preparing the medicine I made use of, transcribed from *Quin's Pharmacopœia Medica*. Since, it is said, improvements have been made in the mode of preparing homœopathic medicines.

\* See Boston Medical and Surgical Journal, Vol. XXXIV., page 213.

† "Attenuationes plumbi metallici sunt anteposendæ acetati plumbi."

“Plumbi puri in pulverem redactori granum unum cum nonaginta novem granis sacchari lactis miscendum est, in modo sequenti: Divide saccharum lactis in tres partes, quarum unaquæque triginta tria grana continet. Ad primam partem adice unum medicamenti granum, et cornea aut ossea spathula in patera porcellanea vitro non obducto commisce: deinde tere optime per 1-10 horæ, et pulverem a pistillo et a mortarii latere et fundo abra-de per 1-15: tum tere iterum optime per 1-10 horæ et pulverem abra-de per 1-15 horæ. Huic adice secundam partem sacchari lactis, et sequere eandem regulam terendi per 1-10 horæ et abra-dendi per 1-15: iterum, sine additamento terendi, per 1-10 et abra-dendi per 1-15 horæ. Dein adice tertiam et ultimam partem sacchari lactis, et sequere eandem regulam terendi et abra-dendi per eundem numerum et spatium temporum. Centum grana pulveris sic parata in lagenula bene obturata reconduntur. Hoc primam constituit attenuationem et signo inscribitur, quo vis centies aucta significetur.

“Ut secunda attenuatio obtineri possit, granum unum primæ attenuationis misce cum triginta tribus sacchari lactis; in patera pistilli ope tere, atque modo indicato tracta ita ut quævis tertia pars per bis 1-10 horæ fortiter teratur: trita vero toties et quidem per 1-15 horæ abra-datur priusquam secunda et ultima tertia sacchari lactis pars adjiciatur, atque similiter per bis 1-10 horæ teratur, ut denique abrasus in vase vitreo bene clauso recondi possit. Hoc secundam constituit attenuationem, et signo notari debet quo vis remedii decies millies explicata indicetur.

“Eodem modo granum hujus pulveris unum tracta, ut tertia attenuatio obtineatur, quæ signo (I) indicatur, quo vis ejus decies centies millies explicatur.

“Plumbum in pulverem decies centies millies attenuatum redacta aqua et spiritu vini solvere atque ita fluida reddere licet. Grano uni pulveris, cujus vis ratione indicata ad tertiam attenuationem (I) explicata est, centum guttas spiritus vini, ita cum aqua mixti, adice; lagenula clausa, qua hæc mixtura recepta est, aliquamdiu circa axin suam move, denec pulvis solutus est; deinde bis, brachio quidem bis moto, concute; quo facto, præter nomen medicamenti signum I-I ei inscribitur. Hujus solutionis guttam unam nonaginta novem guttis spiritus vini puri adfunde, et lagenula clausa, brachio bis agitato, concute. Hoc signo 2-I notatur. De hac solutione itidem guttam unam, simul cum nonaginta novem spiritus vini misce; lagenula vero clausa, atque repetito brachii motu, concute. Hoc signo (II) inscribitur.

“Eædem regulæ usque ad trigesimam attenuationem, observari debent.”

June 29, 1846.

WILLIAM INGALLS,

Formerly Professor of Anatomy, Surgery and Physiology in Brown University.

## QUACKERY IN NEW YORK.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In pursuing my tour among the quacks of this great city, my next visit was to the “7th son of a 7th son,” as he styled him-

self, and whose shop was run down with patients, all of whom are well enough to call on him. He is an ignoramus of the numbskull genus, though a quondam schoolmaster two years ago, who raised the tunes in a church choir then, and showed the boys and girls how to beat time to his *fa me la sole!* He is about 40 years old, and says he never thought of being a doctor till the patients made him give them some kind of physic, which the Lord blessed, and they said they were cured, though he confessed that he "did'n't know nothing." He keeps nothing but "roots and yarbs," Indian and botanical remedies, as he calls them, and says that most of his practice consists of "pawing" or rubbing down the limbs of cripples, who come to him from all quarters because he is a "7th son," and to this he has added, as a part of his stock in trade, a galvanic battery, with which he gives his patients "shucks" for a dollar a head. He was "curing" a clergyman when I was there, in this way, who was as deaf as a badger, but thought he would have to "*paw*" him, which he said was his last resort when the machine failed. This simple doctor looks upon all the cures he makes as miracles, and ascribes them, as do his patients, to his being a 7th son, for this he owns is all his skill, not knowing one disease or medicine from another. He is employed by the poor chiefly, though people of wealth and rank, as well as intelligence on all other subjects, are found waiting for his skill, so that he makes more money than half the regular faculty, though moderate in his fees. I gave the fellow a dollar for his honesty, and took a "shuck" from his machine.

I now stumbled upon an astrologer, who is a shoe-maker by trade, but who loves to soar among the stars, and can cast a horoscope with any mathematician of the age. He told me that he could read the past, present and future in the stars, by means of certain huge black-letter books, astronomical instruments and drawings, calculations, &c., which he brought with him from England, where he was born and learned his trade. His astrological science, he says, came the natural way, for he was never inoculated by education of any kind. He thinks it is a gift he has, and that he has improved it by practice. He is very confident that the stars never deceive him, and hence he consults them on all occasions in reference to his own affairs and those of his family, albeit his wife has no faith in him or his arts, but humors him in this silly conceit, by answering promptly his appeals to her memory for the discoveries he has made in fortune telling. I only obtained an interview with this mountebank after calling several times, as at each visit he was occupied with ladies, whose equipages at the door showed that they were profitable patients. Indeed, I saw a number of ladies waiting their turn, whose dress and appearance indicated high respectability, while their closely-drawn veils evinced the inclination to conceal themselves from recognition. When I did see him, he declined prescribing for my diseases in any other way than by casting my horoscope, for a fee, after which he was ready to answer any questions upon diseases and remedies, professing to answer all by reading the stars. He said if I would not deceive him as to the day of my birth, or was not mistaken in it, his calculations would be infallible



as to both diseases and remedies; and he would read the history of my life, retrospectively and prospectively, in his black book. I amused myself with catechising him touching his receipts for this craft, until he suspected me with designing to rival him, when he warned me that there was a law here against astrology, and that he had impunity only by an understanding with the Mayor and Police, by whom he professed to be licensed.

I now returned to the homœopathic practitioner of animal magnetism of whom I spoke in my last, and who was too busy to give me an audience. Here I found the deaf clergyman who was cured at the paw-doctor's, but who was as deaf as ever. He was conducted thither by another gentleman of the cloth, and a lady who I learned was the wife of a bishop! and who was strangely infatuated into a belief in the skill of this homœopathic doctor, and especially his *sleeping partner*, to whose whisperings she listened with wonder and amazement. While in the magnetic slumber, this female physician did as she was bid, and looked *through and through* the deaf gentleman's head, and said she could see *in* at one ear and *out* at the other, though she saw something about *midway* which was the cause of the deafness, and which could be cured by the machine of the doctor, for this pair have also a galvanic battery, and an electro-magnetic machine, which for an additional fee they were constantly putting in requisition.

In conversation with the doctor, and his fair coadjutor, when awake, I ascertained that most of their patients are ladies, and that very many of them come to inquire of the latter, when asleep, as to their own pregnancy or that of their friends, desiring to have the earliest information on this delicate point. The doctor affirms that she has several times assured the newly married of their being in this desirable category as early as within the first moon, and it has turned out to be true. Indeed he says that by looking into the uterus, which *clairvoyance* enables her to do, she can satisfy the curiosity of the ladies, whether married or single, touching many very delicate questions, which the faculty are unable to answer, not being able to look inside of their patients! These interesting inquiries, made by blushing brides without the knowledge of their husbands, are prosecuted in the presence of both members of this firm of quacks, since the lady is not clairvoyant, except at the bidding of the doctor, and would not trust herself alone in this helpless state without the presence of her partner, who not only puts her to sleep but wakes her up, and superintends her mesmeric slumber. And when I expressed surprise that such questions should be submitted and answered in the presence of a strange gentleman, by any lady of modesty and refinement, he replied that he was pledged to secrecy and paid for it, and could assure me that of the hundreds of the first ladies in the city who had called on them, not one had ever been betrayed.

On expressing some hesitancy as to the fact whether she could really see into the uterus and other organs of a patient sitting before her, protected by her clothing, he told me that many of the patients upon whom she had performed this miracle were hundreds of miles distant, and had

never been in her presence. In these cases, only a lock of hair from the head, a ring from the finger or ear of the patient, was all that was necessary to be presented to the fair somnambulist, when she would instantly look inside of the organs inquired after, and see as well as though the patient was near; nor, he added, has she ever been known to fail.

My betrayal of incredulity before both parties, was fatal to my hopes of consulting her in my own case; for she said that my unbelief would dissipate the magnetic fluid, and she could not be put to sleep soundly enough when I was by, to be clairvoyant.

New York, July 15, 1846.

A PERIPATETIC AND COSMOPOLITE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 22, 1846.

*New Army Surgeons.*—Whole platoons of young and ambitious would-be surgeons are hoping to be taken into the service of the U. S. Government, with the new regiments of volunteers; but they may hang their harps upon the willows, as the Secretary of War has written to Dr. McPheeters, of St. Louis, that the surgeons and assistant surgeons of the new soldiery will be appointed from the medical staff of the regular army. One of the direct methods of gaining admission to the army medical corps, is to send one's name, with a host of testimonials, to the Secretary of War, at Washington, who will add it to the list of expectants, already approaching half a million. When, by reason of death, incapacity of present incumbents from age, resignations of those who have waited for advancement till they have grown gray with expectancy and hope deferred, or by the creation of new troops, more surgeons are wanted, the Secretary hands over the catalogue to a commission of surgeons, who notify such as may be living at the time, provided they are not too old for the service, that they may appear for examination, and if they sustain themselves in the trial, they then return home to re-wait till a vacancy occurs. This takes place by the tardy promotion of some assistant, who has been waiting for full pay so long, that when it comes, he discovers, at the evening tide of life, that Republics are ungrateful to army surgeons as well as statesmen. Well, the passed man is finally notified, if to be found, that he is wanted, and having spent all he can muster for a blue coat with great eagle buttons, becomes assistant surgeon, where he is to remain, no one can predict how long, with a monthly salary that a country physician would hardly look at in the light of decent compensation. Finally, in the revolution of things, provided the army surgeon aspirant lives, he has about one chance in two hundred and forty of reaching a higher grade, provided he can sustain himself under the thumb-screws of another examination. After that, he must be content with his distinction, pay and rations, till the scythe of time mows him down in turn. It is ridiculous to indulge the expectation of ever being surgeon-general, be-

cause it depends on a contingency, that of outliving all the senior surgeons of the army.

Such is a general view of the process and the probable progress of a young medical gentleman who enters the army. We state the case strongly, not because we have either prejudice or ill-will towards the service, or are ignorant of the high standing of our army surgeons as a body, but to save a multitude of petitioners from sad disappointment and perhaps mortification. It is far better to be in private practice, so far as one's personal liberty is concerned. To go and come as we desire, without asking permission, is more agreeable than to beg for a furlough, like a child soliciting a biscuit. And as to the pecuniary condition of the army surgeon compared with the country physician, the latter, if he has any business at all, lays up something for the evening of his days, while the former must spend as he goes—or, if he saves, it can only be a sorry sum at best.

Very many indulge the mischievous idea, that by getting quartered on the government for life, they may be as indolent as they choose; since the moral certainty of bread and meat from the national larder is all they ask. Nothing can be more erroneous: the rules and regulations are specific, and require such untiring activity, that no apology will be accepted at head quarters for remissness of duty. All departments of the profession must be studied as the incumbent advances—and he must not only keep pace, but give an account, at proper intervals, of his progress. Dolts have no hiding holes in the American army. A certain amount of labor must be performed; and if there is neglect or failure to fulfil the contract on the part of the surgeon, he is sent away in disgrace—and thus ends the chapter.

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*The Chemistry of Man*—A Second Part, completing the great work on the Chemistry of Man, by Dr. J. Franz Simon, of Prussia, translated by Thomas E. Day, M. D., &c. has just been completed, and may now be had at Ticknor & Co.'s, in Boston, and at the principal bookstores. Messrs. Lea & Blanchard, Philadelphia, are the publishers, who rarely engage in any bibliographical enterprise that is not worthy of generous encouragement. Those who purchased the First Part, issued some months ago, will avail themselves of this notice, we trust, and thus have the perfect volume.

The Chemistry of Man is a great subject, well calculated to interest those who ponder on the physical organization, or the high moral destiny of our race. No thinking person can open this learned production—in which the fluids, and in fact all the various secretions of obscure glands are analyzed, taken to pieces, as it were, as an artisan would unscrew the delicate machinery of a watch—without being astonished at the achievements of the human mind, in solving some of the organic mysteries connected with its own terrestrial existence. How marvellous, that a being, made up as is man in his external organization, of a few fluids and solids, singularly associated, whose vitality is momentarily depending on the most exact order of movement in the minutest capillary tubes, and liable to derangement from causes constantly operating from without, should accomplish such wonders in art and in the sciences. But we are wandering from the object before us, viz., a reference to the contents of this excellent book, entitled the "*Chemistry of Man, with reference to Physiology and*



*Pathology.*" Having, on a previous occasion, entered sufficiently into the merits of the enterprise, and the qualifications of the author to conduct the series of inquiries which have been the subjects of his investigations, it only remains, in the present instance, to state concisely the order of the subjects embraced in Part II. 1st, Secretions of the chilopoietic viscera and the theory of digestion; 2d, Milk; 3d, Secretions of the mucous membranes; 4th, Secretions of the external skin; 5th, The urine—extending from the 330th to the 554th page! 6th, Secretions of the lachrymal, meibomian and ceruminous glands; 7th, Secretions and fluids of the generative organs; 8th, Intestinal secretions; 9th, Component parts of the animal body; 10th, Solid morbid products; 11th, Fluid products of disease; 12th, Appendix—ultimate composition of protein, &c.; 13th, Appendix 2d, containing various researches on blood in thoracic inflammation, &c., besides two beautifully executed plates.

Such is an outline of a work, to be regarded as one of no ordinary, every-day character. It is elevated in its tone, and, from the topics discussed, carries on its frontlet the evidences of worth to those who study philosophy to become philosophers.

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*Lunacy, Pauperism, &c., in Massachusetts.*—The County of Suffolk, embracing Boston and Chelsea, for the support of 95 State lunatic paupers the last year, charged \$10,170 52. Essex County, for taking care of 37, \$3,512 91. Middlesex County, for 25, \$2,023 78. Lunatic Hospital, at Worcester, for keeping 98 lunatics, \$7,954 43. The entire charge in favor of eight counties, the city of Lowell, and four country towns, including the Institution's bill at Worcester, for lunatics, alone, amounted to \$24,874 29. New Bedford, for taking care of two patients with small-pox, \$119 50; Town of Stockbridge, for one, \$114 92; Springfield, for two cases, \$246; and Roxbury, for one, \$45. Coroners' fees for one year, in the whole Commonwealth, but \$1,028 16.

The city of Boston carried in another account for the support of State paupers, in the Houses of Industry and Reformation, the burial of paupers and smallpox patients included, of \$10,453 05. For the maintenance of State paupers, the last financial year, the people of Massachusetts were taxed \$33,642 21.

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*Avon Springs Reporter.*—This is designed to be a useful publication to invalids, from the circumstance, probably, that through its columns the transactions at the same-rising Avon will be noticed. Besides being a fashionable watering place, the springs at Avon are really very important, and should be vigilantly watched in their effects in relieving, modifying, or curing diseases.

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*Child with two Heads.*—An infant with two heads, is on exhibition in this city, born in June last, at Nantucket. It lived about ten minutes—cried, we have understood, and the heads seemed to act independently of each other. Violence at birth probably shortened the term of life, although death must have followed soon, from an infraction of a law of organization, which nature never overlooks. She tolerates no wide departures from her fixed standard of animal mechanism.

*Asiatic Cholera.*—We insert the following, that the readers of this Journal may see how precisely the Asiatic cholera resembles its first appearance in the summer of 1817, twenty-nine years ago. Speaking of its prevalence in Ceylon, at the latest advices, the Missionary Herald for July says:—

"The deaths in the different villages composing the Manepy parish, averaged, for some time, more than thirty a day. Indeed, it was difficult to find persons to bury the dead. The disease has generally found its greatest number of victims among the lower castes whose personal habits are dirty and low. Some bramins, however, have fallen. Very few cases have occurred among the Europeans; and their preservation appears quite remarkable. It is estimated that from 8,000 to 10,000 deaths have occurred. In the town of Jaffna and its suburbs, which had a population of about 30,000, one tenth has been cut down. At Manepy, five (native) church members have died, and at Oodooville ten or twelve."

*Maryland Lunatic Hospital.*—The number of patients at the beginning of 1845 was 89; 106 were admitted during the year. The whole number under care, 195, has been larger than the number for any previous year.

The number of recent cases of insanity under treatment was forty; of old cases, 138 of *mania a potu* are not included. The recoveries in recent cases have been in the proportion of 82 per cent. Of the 138 old cases, 7 were discharged cured. "Here we have the evidence of another year's experience," says Dr. Fisher, physician to the Hospital for the last ten years—"in confirmation of the truth respecting the curability of recent attacks of insanity, and the greatly diminished chances of recovery when the early periods of the disease are allowed to pass without appropriate treatment."

During the year 40 patients have been discharged, restored; 6 improved; 10 have died; 13 are unimproved, and 109 remain under care.

In submitting this report, Dr. Fisher, in consequence of impaired health, tenders his resignation to the Board. Professor Fonerden, long known as a physician in Baltimore, and as a zealous cultivator of medical and general science, has been chosen resident physician of the Hospital. As preparatory to the entrance upon his new duties, Dr. Fonerden has visited many of the principal asylums for the insane in the United States, and made himself acquainted with the details of management and system most approved in the best institutions.

*Medical Miscellany.*—Seventy-four medical students attended lectures at the University, in ancient Athens, last season, and twenty particularly studied pharmacy.—A new sulphur spring has lately been discovered on the country seat of Mr. John Patrick, Stillwater, Saratoga Co., N. Y. It was a happy discovery for increasing the value of the estate.—Dr. Samuel H. Strobecker, of Penn., has been appointed an associate Judge in Centre County.—Dr. McGill is one of the candidates for the chief justiceship of Liberia. In the Board of Directors in the United States, for managing that interesting Colony, are three physicians, viz., Harvey Lindsly, M.D., of Washington; Stephen Duncan, M.D., Natchez, Miss.;

and David M. Reese, M.D., New York.—The *Hekim-bachi*, physician in chief of the Sultan of Turkey, accompanies his majesty on a tour of inspection through the principal part of the Turkish dominions. A few assistant physicians are also in the train, and when in May last they arrived at Silivria, they vaccinated, by order of the Sultan, the children of the place, with the approbation of the parents.—The 4th of July was celebrated at the Retreat for the Insane at Hartford, Conn. The patients gave lots of toasts, which smacked far less of insanity than a vast many that have been promulgated on similar occasions from the lips of the sane and wise. Two were as follows—a pretty play upon the names of the superintendent and his assistant. “The Superintendent of the Retreat—may that *Butler* ever be honored who presents the cup of health.” “The Assistant—may *Brooks* of joy and rivers of peace cheer his kind heart.”—The three dead bodies discovered lately at the London and Birmingham Railway station, Camdentown, turn out to be those of three American Indians, which had been disinterred and sent to Dr. Hunter by some American physiologist.—There has been exhibited at Washington, a new instrument styled the Self-acting Meteorological Register, embracing in a machine the anemometer, rain gauge, barometer, thermometer, and tide register, and which, by a most ingenious contrivance, records of itself the various changes in its several departments. The maker is a young man, Mr. Chauncey Warriner.

NOTICE TO SUBSCRIBERS.—The notice respecting the proper newspaper postage of this Journal, which was last year inserted in large type on the top of the first page of each No. was omitted in February, partly on account of its disfiguring the page, but principally because it seemed no longer needed, as not an instance came to our knowledge, through the year, of any postmaster presuming to charge more than newspaper postage on the weekly Nos. This is mentioned, on account of some subscribers supposing a different arrangement, or some new decision in regard to postage, had been made—which is not the case.

The attention of subscribers is called to the bills which have recently been enclosed in their copies of the Journal. It is hoped that the instance of theft from the Boston Post office, some months since, will not prevent subscriptions being sent by mail when no other mode of conveyance offers. The extent of that theft was found quite limited, so far as subscriptions for the Journal were concerned, and under present arrangements it cannot be repeated. All subscribers, therefore, who are indebted for the Journal, are earnestly requested to forward their respective amounts, by mail or otherwise. Many of them are inaccessible to us, either personally or by a collector, and our earnest and constant endeavors to serve them punctually with the Journal as published, can only be pecuniarily compensated by this annual trouble on their part.

MARRIED.—At Ashfield, Mass., Charles L. Knowlton, M.D., to Miss R. Williams.—At Newark, N. J., James H. Clark, M.D., to Miss C. Ogden.

DIED.—In Wiscasset, Me., Dr P. E. Theobald, aged 62.—At Columbia, Tenn., Egbert J. Foster, a medical student, by suicide. His father committed the same act only a few weeks before.—At Paris, aged 79, M. Le Baron Barbier, principal surgeon and professor at the Val de Grace, member of the Academy of Medicine, and knight of the Legion of Honor.—At Vienna, Baron Von Durkheim, an eminent physician, and president of the Board of Health for the Austrian empire.

Report of Deaths in Boston—for the week ending July 18th, 89.—Males, 46, females, 43. Stillborn, 8. Of consumption, 12—sudden, 5—teething, 6—infantile, 8—inflammation of the brain, 2—inflammation of the lungs, 1—inflammation of the bowels, 5—typhus fever, 6—old age, 2—apoplexy, 1—dropsy on the brain, 4—drowned, 4—convulsions, 7—measles, 6—marasmus, 1—debility, 1—syphilis, 1—childbed, 1—lung fever, 3—scarlet fever, 1—cholera infantum, 4—diarrhœa, 2—dropsy, 1—disease of the bowels, 3—bilious colic, 1—brain fever, 1.

Under 5 years, 52—between 5 and 20 years, 5—between 20 and 40 years, 21—between 40 and 60 years, 7—over 60 years, 4.



*A Case illustrative of the Beneficial Effects of the Nitrate of Silver in Strong Solution, in Acute Ophthalmia.* By O. F. MANSON, M.D., of North Carolina.—J. N., æt. 40, of sound constitution and robust frame, had been suffering for two days from an eruption of large pustules over the scalp and face, induced by eating enormous quantities of butter of which he was passionately fond; one of the pustules had formed near the margin of the inferior palpebra, from whence the inflammation rapidly extended over the whole eye. When I first saw him he was suffering the most agonizing pain, the pain darting “through his eyes and through his head,” as he expressed it, and of such intensity as to elicit loud cries from the patient every minute, the darting pain being paroxysmal. The eyelids were so completely closed and swollen that the eyeball could not be seen by attempting to open them. The patient had high fever, hot dry skin, furred tongue, and fixed pain in the forehead and temples. I bled his arm, and bled him upwards of two pounds; when, symptoms of syncope appearing, the flow of blood was stopped; at bed-time, several hours after, 20 grs. of calomel were exhibited, to be followed in the morning by a large dose of sulph. magnes. 10, A. M., next morning, fever has abated somewhat, but the pain and inflammation have not perceptibly declined; eyelids still completely closed, and can be but very slightly separated by the fingers. Applied thirty leeches in the course of an hour (the medicines have operated well) but without being followed by an apparent diminution of the symptoms. Pain still excruciating, causing the patient to contort his whole body; even to witness the agony of the sufferer was painful to the by-stander. All must own from this imperfect description, that this was a case of the most acute character, and that the practice adopted was well calculated to relieve it; but I am very certain that the patient was suffering as greatly, and that the symptoms of inflammation were as well developed, with the exception of a slight decline in the general excitement, as they were before the treatment was had recourse to. I now determined on using a strong solution of the caustic, and mixed 10 grs. to the ounce of water; four or five drops of the solution were introduced into the external corner of the eyelids, the patient only complaining for a very short space of time of a slight smarting sensation, which could not be properly termed pain. *In five minutes the patient expressed himself relieved of pain*, and after the re-application of the collyrium three or four hours afterwards, the pain entirely subsided, to return no more, the patient falling asleep for the first time in 50 or 60 hours. Since treating this case, I rely upon a strong solution of lunar caustic alone in the treatment of acute ophthalmia. I have introduced it into the eye of my own infant, 16 months old, and can recommend it as a safe and effectual remedy; but at the same time would reprehend a weak solution, except in cases of a chronic character, in which I have found it more useful than the ten grs. solution.—*New Orleans Med. and Surg. Jour.*

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The sum of 48,000 francs has been demanded from the government by the dean of the Parisian faculty of medicine, to construct a ward in the proposed *Hopital des Cliniques*, to contain twelve beds, for the use of sick medical and law students. The conseil academique, and the conseil royal de l'université, support the demand.—*Med. Gazette.*

THE

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WEDNESDAY, JULY 29, 1846.

No. 26.

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DR. SILL'S DISSERTATION ON TYPHUS FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the proceedings of the Annual Convention of the Medical Society of Connecticut, a dissertation has been presented by Dr. Sill, of Windsor, giving his experience in typhus fever as it has occurred in his practice during the last fourteen years. When an author thus appears, with his experience and observation, for the benefit of his brethren and the good of the community, it is painful to be under the necessity of disagreeing with him, or opposing the sentiments advocated. Were it not for the decided conviction that this mode of practice, if it should be adopted by the young and inexperienced practitioner, especially in the early stages of typhus fever, would be fatal in its effects, we should have laid this pamphlet aside unnoticed.

Dr. Sill argues that the cause of all febrile disease is debility, and exhaustion of the brain and nervous system. Hence he states, as the most rational mode of treatment to be resorted to, even at the commencement of the disease, "To sustain the system, and increase its enfeebled powers, and by a prompt and uniform support, enable the system to react, and throw off diseased action." The author proceeds to state, that it is to the emphatic direction of Dr. Good, he firmly believes he has been more indebted for his success in the treatment of this disease, than to all or any of the elaborate treatises ever written on the subject. But how does Dr. Sill's treatment correspond with that recommended by Dr. Good, to whom he is so much indebted for his success?

Dr. Sill says, "I believe almost every case may be considered safe while there is no evacuation from the bowels. Emetics or cathartics I consider as rarely or never necessary."

Dr. Good says, "At the commencement of typhus the bowels ought by all means to be moved by gentle aperients, in order that no acriminous material may be lodged there, and an emetic given when indicated. If we have good reason to believe that inflammation exists in an important organ, we must bleed and give drastic cathartics of calomel." The author further states, that if there is risk in the practice, there is death without it, and that the exhaustion of the sensorial powers thus produced, bears no comparison with that produced by the influence of the typhus miasm, acting as leaven through the system.

Dr. Sill states in the treatment, that the main indication is to excite

and support the powers of life, waiving all other considerations, by the indiscriminate use of opium and other stimulants.

Dr. Good says, opium appears to be of less use in typhus than in many other species of fever, and not entitled to the eulogies that have been bestowed upon it, and that the early use of general stimulants, in this disease, must be resorted to with great caution, for when once commenced they cannot be discontinued. He says, when given early to obviate the symptoms of exhaustion and debility, they produce the very symptoms they were designed to remedy.

Dr. Good says that under the influence of Dr. John Brown's theory, stimulants, wine and spirit have been given in enormous quantity. He further adds that the risk is great and the practice empirical. Dr. G. mentions a fact, so often noticed by others, that the disease often reverses its character and assumes an inflammatory type. An injudicious stimulating plan has often done this.

Sufficient, however, as a quotation from Dr. Good. We cannot but express our surprise that Dr. Sill should have quoted him for authority for his mode of practice, when, as we have shown, they are antipodes. While Dr. Good prescribes for symptoms as they occur, Dr. Sill can recognize but one symptom, and that debility; hence but one mode of treatment is required, and that support.

Dr. Miner, the pioneer of the stimulating practice in Connecticut, very justly remarks that "great discrimination is necessary in the treatment of typhus fever." "A most pernicious theory is this, that a patient is to be stimulated into health, or depleted into health, in the treatment of this disease." No one has written a better treatise on typhus fever than the late Dr. Nathan Smith, published in the Medical and Surgical Memoirs by N. R. Smith, 1831; and I venture to say, no practitioner in the State of Connecticut had a more extensive or successful practice, than this justly esteemed man. Still no author more decidedly condemns the early use of opium and other general stimulants indiscriminately, in treatment, than Dr. Smith. He states that "when the bowels are shut up too long, their contents become offensive to the intestines, and a diarrhœa is more liable to follow, than it would have been had the bowels been evacuated by gentle laxatives." This corresponds with Watson's views on the use of purgatives.

If some practitioners have gone to the extreme on the one side, and made too free use of drastic purgatives, or the antiphlogistic plan of treatment, shall we take up the other side of the question, and with Dr. Sill, say that purgatives are hardly if ever required in any case, and opium and general stimulants universally required in the commencement and in all stages?

Dr. Miner recommends a free dose of calomel, and mercurial alteratives, before commencing with opium and general stimulants; this the author thinks injurious. The doctrine mentioned in the dissertation that the patient is always safe, when there is no evacuation from the bowels, has a tendency to lead to troublesome constipation. The patient and friends are led to believe, that an evacuation, be it ever so natural in its



consistence, would be the greatest calamity that could befall them. In cases under the care of those pursuing this mode of practice, hardened fæces are allowed to accumulate in the bowels, during the period of *two, three, four, and even five weeks*, without any effort to assist nature in producing an evacuation. When the pain and irritation become so severe, that the patient can endure his load no longer, instruments are often required, to deliver the patient from the five week's burden.

But, says the author, the patient is safe; yes, safely delivered from an accumulation which in all probability has protracted the case for weeks, and in many instances laid the foundation for a troublesome disease in the rectum, during the remainder of the individual's life. Dr. Sill mentions that delirium has been present in all but two cases. I believe this is not so common in cases under the care of other practitioners; and I cannot but believe that his early and free use of the king of stimulants has had something to do in producing this symptom. I believe that opium, judiciously administered, is one of the best remedies that we possess in many cases of typhus fever, especially where the patient has previously been addicted to habits of intemperance. I believe in the beneficial effects of opium combined with ipecac., in moderate quantities, during the continuance of many cases of typhus; and where the bowels are affected with diarrhœa, it is universally required. But I *protest* against the indiscriminate use of the article, as recommended by Dr. Sill in the dissertation in the following quotation.

"To accomplish the main indication, there is no article of the *materia medica* more safe, more efficient, or more indispensable, than opium. In the early stages of the disease, to allay morbid irritability, and as the king of stimulants, it has its important place." "The *coma* is more easily overcome by opium, at short and regular intervals, than by any other remedy."

The following from Watson's Practice, page 840, expresses my own views, and those of nine-tenths of my medical brethren around me, as far as I am acquainted, on the subject. "One cause of *coma* in fever is the circulation of narcotic substances, such as opium, in the blood." Again, page 850, "In the use of opiates, if they are given inopportunately, they are apt to puzzle and perplex the case. You do not know how much of the disposition to *coma* is owing to the disease, and how much is the consequence of the remedy." Again, "you may easily *augment* the natural tendency to coma, and lull your patient into a fatal stupor." One very important indication in the early treatment, is to restore, as far as possible, the natural glandular secretions. Opium is the last article in the *materia medica* that I should use as a remedial agent, to accomplish this object.

The cases of typhus fever that have occurred in this town, during my practice, for the last seventeen years, have varied materially in their symptoms, requiring different treatment according to the individual cases. In some seasons they have partaken more of the bilious diathesis, characterized by tenderness over the region of the liver and gall ducts, high colored urine, yellow tinge upon the skin and conjunctiva. These cases

have been most successfully treated by such articles as have a tendency to restore the natural secretions; ipecac. emetics, alterative doses of calomel and blue pill, followed by pulv. Doveri, or vin. ipecac. and black drop, &c. Cases of this description have borne mild evacuants well. General bleeding and drastic cathartics are rarely required. Leeching, cupping and blistering I have found very useful to relieve local pain and inflammation. During some seasons, the mucous membrane of the bowels has been more irritable than at others, requiring great caution in the use of laxatives, or the selection of such as have a specific influence over the mucous membrane, such as rhei combined with alkali. In other seasons, the pleura and lungs have been more affected, and most of the cases of typhus become what is called typhoid pneumonia. In these cases I have found laxatives, expectorants, blisters, cupping, leeching, poultices, fomentations, and, sometimes, general bleeding required. Cold affusions, and sponging the surface with cold water, I have found very beneficial. When death takes place from typhus fever, it is produced, either by disorganization of some vital part, or by exhaustion.

The early symptoms, indicating inflammation or disorganization, be it in the brain, pleura, lungs, kidney, spleen, mesenteric or Peyer's glands, must be early met by appropriate remedies, in order to save the patient from death, or, what is often worse, his existence as a miserable invalid during the remainder of life. At the same time the symptoms of exhaustion must be promptly met as they occur, by appropriate support.

This mode of practice corresponds with that of the most successful practitioners around me, with whom I have conversed. I have not noticed that typhus fever has been more common in this town than in the adjoining. It seems, in Dr. Pierson's practice in Windsor, that the average number of cases during the last thirty-five years, has been fifty a year. This, I have been informed by one of the most prominent physicians in Hartford, was a greater number of cases than had occurred in that whole city with its twenty physicians.

One word with regard to typhoid pneumonia. Dr. Sill says he has never bled a case, and never lost a case. He quotes from the notes of Dr. Elijah F. Reed, of this town, whose general treatment, he says, corresponds with his own. The success of this mode of treatment, according to the representation of Dr. Sill, has been very great. From March, 1816, to February, 1837, 21 years, he had had upwards of 500 cases of typhus fever, and 16 only proved fatal; 2 of these from relapse, 3 had taken drastic cathartics, and 2 were from 75 to 80 years of age.

I have before me a record of deaths in this parish, kept by Dr. Thomas Robbins, then pastor of the parish. I have been informed by two intelligent individuals, who have always resided here, were present during the epidemic, and personally acquainted with all the individuals mentioned, that they were all patients of Dr. Reed's. They are put down in the record as typhus fever; most of them, I suppose, were typhoid pneumonia. The following is an exact copy of the record.

Dec. 15th, 1815, Mrs. Ann Mills, typhus fever.

Jan. 12th, 1816, Theodore Anderson's child.

Jan. 18th, 1816, Wid. Sarah Bancroft, typhus fever, aged 76.

Jan. 22, Luther Goodell, typhus fever, 46.

Jan. 23, Jonathan King, decline, 67.

Jan. 29, Docia Goodell's child, typhus fever.

Jan. 29, Wid. Eliza Verstelle, typhus fever, 53.

Feb. 1, Joel King's child, typhus fever, 1½.

Feb. 3, Edward Thomas Charlton, rattles, 2½.

Feb. 8, Mrs. Elizabeth Reed, typhus fever, 81.

Feb. 8, Mrs. Betsey Loomis, typhus fever, 44.

Feb. 9, Mrs. Sophia Haskell, typhus fever, 30.

Feb. 16, Hannah Grant, typhus fever, 22.

Feb. 17, Sherman Everest, Esq., typhus fever, 41.

Feb. 20, Mrs. Lucina Reed, typhus fever, 55.

Feb. 21, Wid. Experience Loomis, typhus fever, 76.

Feb. 24, Lavinea Praan, typhus fever, 28.

Feb. 28, Wid. Priscilla Loomis, old age, 74.

March 1, Mrs. Theodocia Tudor, typhus fever, 36.

March 4, Nathan Higley, typhus fever, 79.

March 7, Benjamin Loomis, typhus fever, 68.

March 8, Moses Drake, typhus fever, 67.

March 10, Alexander Stoughton, typhus fever, 66.

March 12, Roderick King's child, worms, 1½.

March 13, Mrs. Elizabeth Newbury, typhus fever, 51.

March 21, Elizabeth Phelps, typhus fever, 48.

March 25, Edward Dwight Everest, typhus fever, 6.

April 1, Mrs. Mary Killam, typhus fever, 29.

July 17, Warban Strong's infant child.

August 22, Levi Skinner, drowned, 53.

October 18, Prince Freeman's black child.

Oct. 30, Mrs. Neoma Tudor, paralysis, 75.

Nov. 26, Austin Drake, fever and strangury, 6.

Dec. 13, Mrs. Susan Anderson, childbed fever, 27.

Dec. 25, Mrs. Jerusha Wood, fever, 63.

Here we have a record of 23 fatal cases of typhus fever, or typhoid pneumonia, within a year, 2 of fever, and 1 of childbed fever. This, with a population of 800 inhabitants. The record states that two thirds of those that were much sick, died. A fair inference may be drawn from the above record, the accuracy of which no one will doubt, who is acquainted with the character of the Rev. Dr. Robbins. Within the last year the town of East Windsor has been divided. The old parish, to which we have referred, now assumes the name of South Windsor.

*South Windsor, July 6th, 1846.*

HORACE C. GILLETTE.

#### HOMŒOPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

DR. HENDERSON, who "within the last eighteen months or so, was professor of pathology in the University of Edinburgh" (*Med.-Chirur.*



*Review, April, 1846*), and is now a convert to the homœopathic doctrine, has addressed a letter to Dr. Forbes, the distinguished reviewer, criticizing his somewhat celebrated article entitled "Homœopathy, Allopathy and Young Physic," and advocating, at considerable length and with some assurance, the superiority and progress of the new system.

Dr. H., as might have been expected, takes advantage of his former position and views of medicine in his argument for homœopathy; advertising us of the uncertainty and dissatisfaction with which he practised the old system, and of the great advantages in these respects enjoyed by the new.

To the friends of homœopathy this accession will prove most acceptable; and the more so, as we may say with perfect justice that but few comparatively of the enlightened, distinguished members of the profession are enrolled among its numbers. Not only is there a vast majority of well-instructed physicians who treat it as a delusion, but at a time when the temptations are not few to embrace it, we so seldom hear of a physician of talent, erudition and worth abandoning his old associations, that such an instance as that of Dr. Henderson (about whom we know very little beyond the advertisement of his professional honors), is so rare as to render the circumstance and the individual at once notorious.

Leaving, then, the doctor to enjoy the enlargement of his fame, we notice briefly the doctrines themselves. In the *Homœopathic Examiner*, New York, Vol. I., No. 2, p. 100, we find the following. "All concur in the essential rule of the new school, and all adopt Hahnemann's dogma, that only one remedy should be administered at any one time, and all agree that his methods of selecting, preserving and diluting the remedies, are unexceptionable."

These are certainly not self-evident propositions, and they must therefore rest on the evidence adduced in their support. Will any one, then, not destitute of common sense, affirm that the fictions of medicine used by Hahnemann can under any circumstances affect the human system? I speak, for instance, of the "1000th part of a drop of the 30th dilution of aconite," which he affirms cures the most violent inflammatory diseases (see his *Materia Medica*, translated by Hempel). If any one, knowing the powers of the crude medicine, will allow his credulity to swallow such an enormous dose of absurdity as this, we should expect him to realize his folly only as in the case of any other hallucination.

Where, then, are we to look for the evidence to sustain this branch of the doctrine? If the experience of Hahnemann is to be set aside, upon whose testimony will the burden rest? Let it be remembered that upon this question of the efficacy of infinitesimal doses, the homœopathic family have unfortunately been divided. According to Dr. Hempel, one of the editors of the "*Homœopathic Examiner*," there is a "division in the ranks of homœopathists," and the "diverging members of the common family [are] as uncompromising opponents as are the adherents of Hahnemann and Galenus." (Vol. IV., No. 1, p. 5.) In an article in the same No., a physician who has been "twenty-seven years" in the homœopathic school, speaks of his triumphant successes with the "highest potencies."

"I have never been able," he says, "to effect much good in the treatment of whooping cough by the 6th or the 30th potency of Drosera. Ever since I have used one globule of the 200th potency, every case of whooping cough which has occurred in my practice has been speedily and easily relieved"—and he also says that Hahnemann informed him "that he had used the 600th potency of Drosera in a case of whooping cough, and the child came very near dying from the effects of the medicine." On the other hand, Dr. Gray, editor, also, of the "Examiner," repudiates much of this infinitesimal nonsense, contending for the occasional employment of "massive doses," and for the use of bloodletting. Dr. Ticknor, also, condemned the "high dilutions." (Hom. Exam., Vol. I., No. 11.) Other distinguished homœopaths might be named, together with Dr. Henderson, who say the "dynamizing" notions of Hahnemann are now abandoned.\* Now the difficulty and the lack of proof of the fundamental principle, is this. Hahnemann lived long, practised successfully, and wrote much after discovering the *great fact* which has rendered him immortal. He affirms, on his own experience, the efficacy of the high dilutions, and if he erred here, all the recoveries happening under his observation were due to natural causes. If the experience of other men contradicts that of Hahnemann, and leads to the employment of the massive doses, which he condemned, we claim then all his apparent success to sustain the doctrine that nature rather than art is the grand agent in homœopathic cures. If they would avoid this conclusion, they must follow in his steps. And if they arrive in this way at the "200th or even the 2000th" dilution, they are but pursuing a legitimate career.

As to the exhibition of but one medicine at a time, we know not how it has become so incontrovertible a dogma. If experience is worth anything, it certainly sustains the opposite custom. What are most vegetable remedies but natural compounds?

We consider it a great objection to the pathogenesis of medicines, that it should have passed through the hands of one whom, although some would deify, others distrust. While the moderate homœopathist seeks to throw the mantle of charity over the absurdities and notions of Hahnemann which he cannot defend, let him consider that to this visionary genius he is indebted for much of that pathogenetic knowledge which ought to be unshaded by suspicion.

We cannot, however, at this time set forth a tithe of the objections that might be urged against the doctrine. We would like to see an occasional exposure of their dissensions, inconsistencies and ultrasims, to contrast with their boasts of unity, stability and prosperity. We would like to have those who, in theory and practice, reject the ultra dynamizing doctrine, account to the world for the "brilliant results obtained by means of the highest potencies,"† whose "effects are sometimes instantaneous like a flash of lightning." These transcendental developments, so disgusting to common sense, show the inevitable tendencies of homœo-

\* Those who do not admit the doctrine of dynamization, deny the soul of homœopathy.—HEMPEL.

† "The highest potencies commence at the 600th and run up to the 2000th."

pathy, and warn us of the dangers and delusions that erratic medical genius may inflict on the world.

*July, 1846.*

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### TYPHUS FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am about writing on a hacknied subject, and can offer nothing new; but as you have given us all an invitation to express our minds, I will relate my experience in the treatment of one of the most common and “formidable” diseases of New England.

I was induced to make the following observations, by reading an extract from Dr. Sill's Dissertation, in the Journal of June 24th, where the doctor has given his views of the pathology and treatment of typhus fever. I consider the protracted fevers, generally denominated typhus and typhoid, as belonging to the asthenic class of diseases, and that they are not so easily controlled in their career as has been represented by many, calling themselves physicians. According to the best of my observation, the principle or virus which constitutes this insidious disease is lurking in the system for days if not weeks before it brings the patient to submit to prostration on his mattress. I have seen no mode of treatment which would disinfect the system after the patient was sick enough to call upon a physician—with all deference to the experience and opinion of Dr. Sill. In a disease so prevalent, of such duration, and attended with so much danger, it certainly is an object of the highest consideration to the public, that physicians should be able to investigate and apply the most appropriate treatment under all its different aspects, in the great variety of constitutions which come under their care in practice. I believe that physicians are more uniform in their opinion in regard to the causes than to the treatment of the malady. There is no doubt that the atmosphere has a controlling influence in its operations over it in different seasons and sections of country, owing, probably, to different degrees of heat and moisture, or combinations of other causes which we do not so readily comprehend; but one thing is certain, it is much more malignant in its progress in some seasons than in others. We have reason to believe that exhaustion, caused by excessive application to business or the care of those who are sick, is a prominent predisposing cause of its attack. We see it generally make its appearance soon after the exhausting heat and labors of the summer, when people are emaciated and have had less sleep than at other seasons. When it once invades a neighborhood, it frequently lingers in tardy progress for twelve or more months before its unwelcome visit is terminated.

Having been in practice forty-five years in different sections of New England, my opportunity has led me to visit a large number of patients suffering under typhus fever, and to gain experience which would subdue prejudice itself. I have formed no opinion in haste, having paid critical attention to the operations and effects of the various medicines



which I have prescribed. I agree with Dr. Sill in regard to the general application of the reducing system, whether by phlebotomy, emetics, cathartics, or the administration of mercury: the latter medicine, I believe, has caused more fatality, indiscreetly given in this fever, than has been prevented by all other medicines. I have seen it administered without regard to age, sex, constitution, organ affected, or the stage of the complaint, with a murderous power which none but a Hercules could withstand.

I have not been so fortunate in prescribing stimulants as Dr. Sill, very few of my patients being able to bear tonics or stimulants of any kind with benefit during the first twenty or thirty days from the attack. After evacuations adapted to the circumstances of my patient, I have found some preparation of antimony and nitrate potass useful in the inflammatory stage of the complaint, and in some cases, from first to last, opium in some form or combination, indispensable, and in others entirely inadmissible, disagreeing with, and deranging the patient. I consider it impossible to prescribe for a patient correctly in a book, without an examination of his case, as constitutions are so various and antipathies in different individuals so strong.

In the autumn and winter of 1808-9, about forty patients came under my care laboring under typhus fever. It was a custom in those days, among physicians, to give wine, bark, snakeroot, and other stimulants to their patients, early in the disease; but from the inability of some of my first patients to procure wine, we dispensed with it, and they recovered. From that time I neither prescribed wine, bark, alcohol, nor any of the tribe of tonics or stimulants to my patients, until their fevers had formed a crisis and subsided. They were treated with mild sudorifics, epispastics occasionally, with regimen adapted to their appetites and period of disease, with an eye directed to the state of the bowels. They all recovered in due time without loose teeth, sore mouth, fetid breath, or cursing the doctor for past services. I have not seen fit to vary my treatment, materially, for that complaint since, preferring the course which has proved successful to the uncertainty of empiricism. In the above cases I gave no mercury with the intent to produce ptyalism, fearing its debilitating powers. As different organs in this disease, and sometimes by metastasis, are apt to be affected, it requires vigilance in the physician to make his applications to the right place.

*Wilmington, July 15, 1846.*

SILAS BROWN.

### QUACKERY IN NEW YORK.—NO. III.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I might fill your pages beyond endurance, if I were to relate my adventures here among quacks of low degree, with whom I have met in my peregrinations through this modern Gotham. Allow me, then, to generalize, by enumerating only a few of the species of this genus, designating them as "Blow-pipe," "Mesmeric," "Magnetic," "Gal-

vanic," Astrological," "Seventh Son," "Botanical," "Steam," "Cayenne Pepper," "Brandy and Salt," "Pawing," "Homœopathic," "Hydropathic," "Chrono-thermal," "Indian" and Negro quacks. Besides several hundreds of these of every shade of color, male and female, many of whom can neither read nor write, there are scores of "regular physicians," who for filthy lucre's sake lend themselves to these several impostures, and have reached the "lowest deep" of degradation by becoming the patrons of the most unprofessional delusions practised by the tribe, and participate in the craft and its gains. Surely such men must have sold their self-respect, under the influence of the maxim that money is "the chief end of man!" And yet they once ranked as members of a learned and liberal profession! "Oh Lucifer! how art thou fallen," should be engraven upon their seal, as their fitting motto.

But there is another tribe of no less extent here, who may be classified as the advertising quacks, the most flagrant of whom are the venders of pills, panaceas, catholicons, lotions, syrups, cordials, bitters, sugar candy, &c., all of which are vaunted as infallible cures for "all incurable diseases," fortified by certificates and affidavits from clergymen! physicians! and other male and female witnesses, all of whom say or swear that they have been cured by these remedies, though since the date of the documents, which is prudently omitted, many of them are in their graves, though their certificates are still published, having been stereotyped for the purpose.

One of the pill-makers has let out the secret of the fraternity, now that he has found the truth of the maxim that "every dog has his day," by declaring that it is no matter what the pills are made of, so that you *advertise* them enough. He says that he paid \$20,000 in one year for advertisements, chiefly in the penny papers, and that he sold \$60,000 worth of pills the next year. Acting on this maxim, it is said that there are quacks in this city whose advertisements in the newspapers cost them from three to ten thousand dollars annually, and who are reaping a rich reward. This is especially the case with the "sarsaparilla" remedy, which is now all the rage; and I have heard it estimated that the receipts of those engaged in vending this single article in this city, during the past year, have amounted to the aggregate of \$90,000! Very much of the syrup sold under this name is the veriest trash, being made of molasses and water with winter-green, and has not a vestige of sarsaparilla in it. And I need not say to your practical readers, what they all know, that even the best of it is worthless in most of the diseases for which it is prescribed; and that so inactive and even inert is sarsaparilla, that a greater quantity is necessary to produce medication of any kind, than can be concentrated in a bottle of any magnitude, which would be at all portable. A large proportion of this drug, moreover, found in the market, is positively inert, in any quantity.

Such, however, is the furor for swallowing it, that the manufacturers employ steam engines in its preparation, and these syrups and extracts of sarsaparilla are becoming among the chief exports from the commercial emporium, and a quantum suff. will soon be made here to supply all crea-

tion with physic for a century to come. Some of the "regular faculty" have been carried away by this speculation, and are now installed as superintendents of these sarsaparilla factories, and making their fortunes.

But I forbear to particularize any further, nor is it necessary, since the newspapers of the day are filled with the exhibition of these disgusting frauds upon the dear people, by those who thus glory in their shame. And I have now a word to say about the homœopathic, hydropathic and chrono-thermal quackery, for such I must regard all these, as I find them in this city, whatever they may be elsewhere. Of the first, it is sufficient to say that I have met with no one of the sect who does not use allopathic remedies, or who even pretends to adhere to Hahnemann or his doctrine. Many of them openly profess to practise both systems at the discretion of the patient, so that "all is fish that comes to their net." I speak now of physicians who have renounced their profession and become homœopaths. But I find a large proportion of this tribe who have no education of any kind, but have mounted this hobby in lieu of their proper trades, and now live by their wits.

Hydropathy is not yet much in vogue here as a distinct practice, for I have only come across one establishment, kept by a foreigner, whose pretty wife understands more about the language and the system than her husband, and if it had not been for my horror of wet sheets, I should have put myself under her care.

But what shall I say of chrono-thermalism, to which there is yet but one disciple here dispensing its mysteries. He is one of the "regulars," or was, for I fancy his quondam brethren will not longer recognize him, now that he has got upon this hobby, and become the fulsome panegyrist of Dr. Dickson, who, by the way, is the most impudent plagiarist in Great Britain. "*Periodicity*," forsooth, in health and disease, has been a discovery of this *savan*, though Hippocrates taught all that is now known upon this topic, after all the trumpeting of the celebrated Dr. D. and his followers. The only difference is that the father of physic found periodicity where it was and is, but Dr. Dickson finds it everywhere, as Dr. Hahnemann does the itch.

"He must have optics sharp, I ween,  
To see what is not to be seen."

New York, July 22, 1846.

A PERIPATETIC AND COSMOPOLITE.

#### HOMŒOPATHY IN NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On reading your valuable Journal of the 8th inst., I found an article headed "Quackery in New York." Your contributory from among the multiplied forms of quackery in this great city, singles out two species—the use of Ramage's inhalers for the cure of consumption, and the consultation of clairvoyants in cases of disease. He likewise informed you that the practitioners, in both, believe in homœopathy. If he means by this to express surprise, that any who have knowledge in so



certain a science as homœopathia, should leave it for ways and means, at least so dubious, I agree with him ; but if he means that finding one form of quackery, he necessarily finds its fellow—upon the principle that “birds of a feather will flock together”—then is he ignorant of a great universal law, and expresses an opinion without an idea of the subject—not an uncommon thing with modern writers.

From time immemorial it has been, and ever will be, that men will be found, leaving the obvious and certain roads to usefulness and knowledge, and seeking out by-paths and short cuts, with the same end in view—wanting, by nature, the perseverance essential to great achievements ; or, lacking that early discipline that enables a man to bear the heat and burden of the day, and to toil without ceasing. Homœopathia and quackery are not of the same house.

The refuges of quackery are the mansions of ease, and its votaries lovers of ease ; but homœopathia requires research, unwearied diligence, and much time to master the law in its varied application to disease. The principle that guides and governs the quack, lies in his nature. He shuns toil, and therefore he shuns homœopathy.

There will be men always found who will leave science because it demands investigation ; close the book of reliable information, because it must be studied ; turn their back upon truth, because they are essentially indolent ; and wander off to seek for knowledge in the dreamy disclosures of a sleeping woman or a sleeping child.

There are those, undoubtedly, who pretend to be among us, who are not of us ; and some who, I am sorry to say, believe with us, and for the reasons above stated plunge into the vagaries and mysticisms of mesmerism and clairvoyance. I deeply lament that such inconsistencies can be pointed to in our ranks. I would they could be weeded out as cumberers of the ground ; but it is a part of their birthright, by nature—imperfection ; a part of their political birthright—the untrammelled pursuit of individual enterprise.

HOMEOPATHIA.

*New York, July 18, 1846.*

#### ABSCESS OF THE ANTRUM MAXILLARE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I herewith transmit to you an account of a case of the disease of the *antrum maxillare*, to which my attention was called some time ago. The treatment of these diseases very properly comes under the care of the dentist, and he should be abundantly qualified to undertake their treatment ; but nevertheless, it is often the case that he is entirely ignorant of the first cause of the disease, as the present case will testify.

The *antrum maxillare* is very subject to inflammation and suppuration, caused by diseases of the neighboring parts. The natural mucus of these cavities accumulating, irritates and produces irritation for its own exit. The pain caused by the inflammation of the antrum is, in most cases, first taken for the toothache. Sometimes the eye as well as the

nose is affected, extending to the frontal sinuses in the forehead. At first the symptoms are not sufficient to distinguish the disease. Time will disclose the true cause of the pain.

But to the case. Some five months since, a gentleman called on me, wishing me to examine his mouth, stating that he had had for the last two months a violent pain in the upper jaw, extending at times to the forehead—also, that he had, within the two months, five upper teeth extracted on the side where the pain existed, by a dentist who assured him the cause was disease at the roots of the teeth. Still the pain continued, and on examination I found that the antrum was in a diseased state, so much so that with a common lancet I easily effected an opening inside of the lip. A large amount of matter was at once discharged, and the pain ceased. In a few days the matter again collected, and he had the same pain as before. Finding that I could not effect a cure by an opening in that place, I at once made an incision through the partition between the root of the alveolar process and the antrum, and then inserted a small tube of silver, which was kept there until the inflammation subsided, and an effectual cure was obtained. This was far the most preferable, for you are then sure of having an opening as long as wished for; and not only that, a better chance is thus obtained for the admission of the syringe, which should always be used in diseases of this kind.

*Fairhaven, July, 1846.*

J. R. DILLINGHAM,

*Dental Surgeon.*

#### MY FIRST PATIENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your Journal of late has had a good deal to say, pro and con, in relation to homœopathy; and while reading the same, I have often been reminded of the treatment of my *first patient*, the very first that I was ever called to, and for whom I took upon myself the responsibility of prescribing.

The following is the case. In the year 1832 I was residing in the family of a planter in Eastern Virginia. I had then just commenced the practice of medicine. Late one evening, Daniel, the dining-room servant, a stout, healthy negro, was taken very suddenly ill. His master being absent, I was invited in to see him. He was rolling upon the floor, twisting himself into every manner of shape, groaning, and seemed to be in great distress. His mistress, in the patient's hearing, asked me if I thought I could do anything for him. I told her I could relieve him. I went into another room, took a piece of wheat bread, soaked it in water, made two or three common-sized pills, and to give them the appearance of medicine, rubbed them over with soot from the back of the chimney, placed them upon the hearth before the fire, and baked them hard. I then went back to the patient, gave him the pills, and ordered him off to bed.

Next morning, before I left my room, I heard Daniel below, singing and

whistling, and apparently in a state of great happiness. As soon as I met him, I inquired after his health. He said he felt first-rate, that the pills cured him right off, that he never took any medicine in his life that did him so much good. He continued well, and during my stay in Virginia, Daniel often spoke of the great cure he received from the pills.

My success with my first patient was to me quite gratifying, and after that, I had a great many applications on the plantation for medicine and advice; but at that time I knew nothing of systems of treatment, had never heard of homœopathy, or allopathy, or any other pathy. This, as I have before said, was the first patient I ever had, and it did not occur to me upon what principle the cure was obtained. But while reading your Journal with its homœopathic cures, the suggestion has come into my mind whether Daniel was not cured upon the Hahnemann plan. The only medicinal substance in the pills, was the soot, and the quantity taken must have been *homœopathically* small, but whether *homœopathically* adapted to the patient's state, I do not know. That the disease was cured is certain, but upon what system of treatment I never inquired at the time. Any how, the instruction I received from the case has been valuable to me, and I have since in several cases with similar treatment had equal success, giving satisfaction both to patient and friends.

Now, Mr. Editor, I should be very happy if any of your correspondents, who well understand homœopathy, will inform us whether, in the above case, the cure was or was not a homœopathic one.

Boston, July 23d, 1846.

Yours, &c.

GEO. HUBBARD.

#### STATISTICS OF CONSUMPTION.

DR. THEOPHILUS THOMPSON gave a short report to the Medical Society of London, of some particulars which he had observed, during the last twelve months, as visiting physician to the Hospital for Consumption and Diseases of the Chest. The number of patients treated by him during the year was 760, of which 286 were phthisis in various degrees of advancement. Amongst 77 cases of advanced phthisis, 56 were men, only 22 women; but of the cases of incipient phthisis, the number of males and female was nearly equal—a fact leading to the conclusion that the apparent preponderance of the former was attributable to the unwillingness or inability of women to leave their homes under circumstances of advanced disease. He remarked on the importance of prolonged expiratory murmur, when unconnected with bronchitis or emphysema, as an early indication of phthisis, and a sign which, when once established, rarely disappears. He also particularly noticed, as a phenomenon of great interest and practical importance, the “*inspiration saccadée*” of some French authors—not the jerking respiration of spasmodic asthma, nor the interrupted inspiration of diffused pleurisy, but the division of the inspiratory murmur, as though the entrance of the air into the cells required several successive efforts. He had occasionally ob-



served this sign at the back as well as the front part of the chest. It sometimes disappeared under treatment; but there was reason to think it characteristic of a condition of the lungs which frequently immediately preceded, or accompanied, tubercular infiltration. It was remarkable, that of ten cases recorded during the year, the phenomenon had been in nine instances confined to the left side. He had, during the last twelve months, taken notes of eight cases in which a murmur was heard in the second intercostal space, on the left side only, and was probably referable to the pulmonary artery. In two of these patients, the murmur disappeared under the use of iron; but in most it was succeeded by more or less distinct manifestations of tubercular disease. He deferred any comments on cases of heart-disease, bronchitis, and other pectoral affections, and concluded by mentioning the results of his observations regarding cod-liver oil, which he had administered in 37 of the recorded cases. In 3, the medicine was discontinued in consequence of the distressing nausea which it occasioned; in 12, the reduction of strength appeared to be slightly retarded; in 12, there was no perceptible effect; in 10, the increase of strength, plumpness, and energy was remarkable. When the fattening process was established it generally became obvious within a fortnight. The author did not attribute to the oil any specific influence on the local disease; but believed it to be singularly efficacious in promoting nutrition. He had found it most useful to the pallid and phlegmatic, and, in private as well as public practice, had observed more decided amelioration under its employment than could be referred to any other remedial means with which he was conversant.—*London Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 29, 1846.

*Treatment of White Swelling.*—We have mentioned, on some former occasion, that the Legislature of Massachusetts recognizes no higher claim for services on the part of the most eminent surgeon in the State, than of a wood-sawyer who sets up for a medical and surgical adviser. The following case illustrates this state of things in courts of law. Those who happen to reside where the profession is actually appreciated for the services it renders to the community, ought to be thankful for their position. Again, in this trial, it will be seen that when doctors disagree, the question will no longer be propounded, who shall decide? A jury of twelve men, good and true, soon bring all disputed matters to a focus. Dr. Strong stood valiantly for his opinion, but Dr. Warren's reputation seems to have been heaviest in the balance.

*Court of Common Pleas. Simon C. Hewitt vs. Bradford Lincoln.*—This was an action to recover fifty dollars, for professional services rendered by the plaintiff to the defendant's son. The rendering of the services was not disputed; but the defendant contended that his son was unskilfully treated by the plaintiff, and injured by his practice. Drs. War-

ren and Strong were called by the defendant to testify that, in their judgment, the treatment of the patient was not judicious. Dr. Warren, however, said that there was a difference of opinion among medical men as to the best method of treating such a case, which was that of a white swelling, and that physicians of eminence and skill adopted the course pursued by the plaintiff. Dr. Strong did not agree with Dr. Warren, that this was a case of white swelling, but pronounced it to be a *synovial inflammation*, and the plaintiff's treatment unsuited to the particular stage of the complaint when the patient was under his care.

"The plaintiff's counsel concluded that the opinion of the witnesses, as to the mode of treatment adopted in this case, was a matter of little consequence; that the plaintiff had a system of practice peculiarly his own, in which he had had great success; and that it was a system entirely different from that practised by the defendant's witnesses. It was not to be expected that practitioners of different schools should approve of each other's practice. They all stood equal before the law, and here no school could set up its standard as the one to which others were bound to conform. If the plaintiff treated the patient properly, according to the principles of his own system, he was entitled to recover, however much that system differed from that of others.

"The court instructed the jury that this doctrine was true, so far as the practice of medicine was concerned; but that in surgery a different rule obtained; that there could be but one right method here, and that there must be some standard; that if the jury were satisfied from the evidence that the patient was skilfully treated, they would find for the plaintiff, otherwise they would find for the defendant.

"The jury returned a verdict for the plaintiff, for \$15."

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*Phillips on Scrofula.*—Frequent notices have appeared of a treatise, just re-published at Philadelphia, by Messrs. Lea & Blanchard, bearing the title—"Scrofula: its nature, its causes, its prevalence, and the principles of treatment, by Benjamin Phillips," illustrated by an engraved plate. The book is an octavo containing 350 pages, arranged into eleven chapters, besides an appendix, made up chiefly of the reports of institutions in France, Germany, &c. When we commenced reading this work, it brought to mind some former thoughts in regard to the extensive influence which disease has over the whole family of man. Who has health? Who is not a perfect hot-bed, in which the seeds of death germinate sooner than in the earlier ages of the human race? These are grave questions, that obtrude themselves on one's attention when studying medical books. When we first began a course of professional reading, each book presented a new and more awful class of horrors; and what was alarming, was the discovery that we ourselves had either the elements or fully developed symptoms of every malady detailed in the library. Happily, we have survived the attacks of first impressions in youth; but new discoveries are constantly bringing to light keener, more subtle, and deeply concealed agents, which prowl through the blood, or are concealed in the tortuous recesses of the living frame, where they riot in security, beyond the ordinary ken of medical skill, till the fairest tabernacle of the soul on earth, unable to resist the enemy within, falls prematurely in death. But are we so extensively diseased as authors represent? If all

the statistical details by Mr. Phillips are strictly true, what child has not a scrofulous taint? Is there a dog in Constantinople, a rabbit in a gentleman's warren, or an orphan in christendom, supported in a charitable institution, that has not a scrofulous affection? Why, it is diffused as universally as the atmosphere, according to this learned production on *its nature, its causes, its prevalence, and the principles of treatment.*

Far be it from us to underrate the researches of physicians, or bring up objections to their labors; yet it is the province of common sense to oppose, with a proper reference to facts, the dogmas of one-idea authors as well as one-idea practitioners, both of which are of late increasing in number. In this work of Mr. Phillips, however, the whole ground passed over is of immense importance. He has searched the field to its remotest boundaries, and brought within the sphere of the student's vision, the fruits of a persevering inquiry into the nature of a disease very widely extended over the globe. That part of his researches meets our entire approval. Of its causes and principles of treatment, it is pretty certain that one man's opinion on that point, is about as good as another's, provided their opportunities and qualifications for forming that opinion are equal.

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*Licensing the Sale of Patent Medicines.*—Under the operation of a late law of our State, which requires all pedlars, from the boy who sells penny papers in State street, to dealers in more costly chattels, it has entered into the thoughts of those whose province it is to carry all provisions for the public good into effect, that medicine mongers should pay for the privilege of retailing their phials of wrath. Whole warehouses are filled to repletion here, with an endless variety of manufactured stuff in the shape of pills, lotions, plasters, &c. &c., all of which are infallible remedies for every disorder to which we are incident. Great pamphlets are thrust under the doors of the inhabitants, which answer two important ends. First, they announce the locality where all panaceas are sold—followed by pages of certificates of tip-top clergymen, who have either been cured themselves, or somebody else has—and some of them have been relieved prodigiously by all the nostrums in turn. Second, they are used for lighting fires—and usually burn exceeding well. Why shouldn't the patent medicine venders pay for a license? They drive a brisk trade with fools, and can well afford to pay something into the public treasury for the privilege of imposing upon people with a bold face. Then, again, it would give an air of respectability to almost any kind of cheating, to be licensed according to law. What a revenue a tax upon patent pills would yield, in a single year, in the city of Boston! Why don't the Common Council seize upon the privilege delegated to them by the General Court, and assess an impost of one cent on every dozen boxes swallowed by the citizens, and in that way pay for the Long Pond aqueduct, instead of resorting to a loan of three millions of dollars in Europe?

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*London Lock Hospital and Dr. George Cooke.*—From the Vermont Watchman the following article of intelligence is taken:

"Among the arrivals by the *Britannia*, we notice the name of the celebrated Dr. George Cooke, of Albany, N. Y. The doctor has been absent



for a few weeks to attend a festival in London. It will be seen, by the following notice of the meeting from the London Spectator, that the doctor's professional celebrity has won for him new honors."

"The friends, supporters and officers of the above excellent and useful establishment assembled yesterday at the London Tavern to celebrate the 109th year of their very laudable institution. His Royal Highness the Duke of Cambridge was expected to take the chair. The Hon. B. B. Cabbell, V. P., acted as his substitute. About 150 persons sat down to an excellent dinner, which reflected great credit on the Stewards. The musical entertainment was entrusted to the best vocal performers, assisted by the choirs of St. Paul's Cathedral and Westminster Abbey. The usual loyal toasts—the army and navy—having been drank, the health of the Chairman was proposed and responded to with much good feeling. General Cooke, of America, an invited guest, being chosen and elected one of the Life Governors of the Hospital, and invested with the Royal Medal, the health of this gentleman was toasted with great eclat, for which Dr. Cooke expressed his acknowledgments in an appropriate speech.' "

In some other publications reference is made to the arrival here of Gen. Sir George Cooke, M.D., LL.D., all of which is calculated to impress the reader with the idea that a vastly great man in medicine, of foreign origin, has taken up his residence in this benighted land. Not discovering this name in the medical catalogues of learned societies, either at home or abroad, we are about as much inclined to wonder why more notice has not been taken of a person of such diplomatic distinction, as Aunt Charity was in regard to the little Frenchman's wardrobe, so admirably related by Washington Irving in his *Salmagundi*.

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*Artificial Sea-water.*—A new preparation has quite recently been introduced to the notice of the medical public, which is probably destined to work something of a revolution in the treatment of some diseases. Having been made acquainted with the process of preparing a chemical salt, the solution of which is really a close approximation to sea-water, we can say with an expression of confidence to those who desire to have a sea-water bath prescribed for them, that with this salt they actually possess the elements for its instantaneous manufacture. It is to be had at Redding's, 8 State street.

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*Heat at Mosul.*—Azariah Smith, M.D., in the missionary service, has published, in the American Journal, an interesting series of observations on the meteorology of Western Asia. He states that the mercury in the thermometer, placed in the sun at noon, would always rise to 144 or 146 deg., at Mosul, near the supposed ruins of ancient Nineveh. Such of the inhabitants as are able, have rooms fitted up in their cellars, where they retreat in the middle of the day. The nights are uniformly spent on the roof—dew and rain being wholly unknown during the summer season. Contact with anything dry, communicates the sensation of heat. "The beds," says Dr. Smith, "seemed to have been just scorched with a warming pan; and stone floors appeared as if endowed with the power of generating caloric. Instead of being refreshed by the cooling sensation which a change of clothes ordinarily gives in the summer, the linen

taken out of our coolest wardrobes seemed always, on putting it on, to have come roasting hot from the mouth of some glowing furnace."

*New Shower Bath.*—Baths, at present, are very generally resorted to, both as a comfort and a luxury, and also as a remedy. A new kind of apparatus has just been introduced to notice, called Dr. Revere's Model Shower Bath, costing only eight dollars, which is referred to in an advertisement in this day's Journal.

*Glanders in the Human Subject.*—Two more deaths have recently been recorded in a daily paper, as occurring at Melton Mowbray—one being that of a groom who had tended a glandered horse, and the other that of the knacker who skinned the animal after it had been destroyed. Another party had been taken ill—it was feared of the same malady—but he is better. A pig, however, which had lain on some straw previously used by the glandered horse, had manifested signs of disease, and been destroyed.—*London Lancet.*

*Medical Miscellany.*—Dr. E. H. Davis, of Chillicothe, Ohio, assisted by a friend, is about bringing out a volume on the mounds of the West.—Dr. John Goodsir has been elected professor of anatomy in the University of Edinburgh.—More than six hundred members were present at the thirteenth session of the Scientific Congress of France, held at Rheims.—MM. Martin Solon, Louis and Guerard, have been appointed physicians at the Hotel Dieu; MM. Bouvier and Legroux at the Hopital Beaujon, and M. Blache at the Hopital des Enfants.—The mortality in the French hospitals of Algeria is on the increase. In the last quarter of 1845, there were more than a thousand deaths in the single province of Oran!—Dr. Green's address before the Massachusetts Medical Society, on the Factory System in its hygienic relations, appears in the transactions.—Dr. Fonerden, professor of Obstetrics in Washington University, Baltimore, has been elected physician of the Maryland Hospital, vice Dr. William Fisher, resigned.—Stoughton's elixir is said to be an alcoholic solution of the medicinal principles of wormwood, gentian, cascarilla and aloes.—The *London Lancet* gives to the fashionable water treatment of disease, the name of "water-death," instead of water-cure as called by its advocates.

TO CORRESPONDENTS.—Dr. Dudley's reply to Dr. Ramsey, W.'s trial of homœopathic remedies, and J. W. S. on the "Curative Powers of Nature," have been received.

MARRIED,—At Albany, N. Y., Dr. R. S. M'Curdy to Miss E. E. Severick.

DIED,—In Genesee, N. Y., Dr. George R. Perkins, of Toledo, Ohio, 33.

*Report of Deaths in Boston*—for the week ending July 25th, 68.—Males, 26, females, 32. Stillborn, 5. Of consumption, 7—intemperance, 4—dysentery, 3—disease of the bowels, 9— inflammation of the bowels, 4—cholera morbus, 2—diarrhœa, 1—measles, 3—bronchitis, 1— infantile, 5—convulsions, 1—typhus fever, 5—inflammation of the uterus, 1—cholera infantum, 8—suicide, 1—inflammation of the brain, 1—teething, 1—hemorrhage of the lungs, 1—lung fever, 1—debility, 1—disease of the heart, 1—dropsy, 1—marasmus, 1—inflammation of the lungs, 1—canker, 1—scarlet fever, 1—hip disease, 1—abscess, 1.

Under 5 years, 39—between 5 and 20 years, 7—between 20 and 40 years, 13—between 40 and 60 years, 8—over 60 years, 1.

*Statistics and Treatment of Insanity at St. Petersburg.* By DR. HERZOG.—The treatment and the general management of the unfortunate inmates of the Asylum for the Insane, in the Russian metropolis, appear to be conducted on the most humane and scientific principles. From the ample tables, it appears that here, as elsewhere, the bachelor is more liable to insanity than the married man; while, at the same time, the proportion of the insane is much greater in the higher and in the educated classes of society, than among shop-keepers and the artizans and laborers of a still lower grade. More than half the cases proved incurable. Of those who recovered, the great majority belonged to the lower classes; and complete returns to health were especially frequent among those individuals who, at an early period of their disorder, had disturbed the public peace, and had been in consequence transferred to the Asylum. The richer classes, of course, refrain as long as possible from placing their friends and relatives in such institutions, and continue to hope for a cure under imperfect treatment at home, till recovery becomes almost impossible. A full and lengthy account is given of the entire management of the institution:—"The female lunatics are chiefly busied in the household duties; while the males, during the summer months, are busily occupied with the hay harvest, and in winter, when the severity of the season confines them to the house, they manufacture thousands of pill-boxes, and articles in pasteboard, for the supply of the shops of the apothecaries. The more educated are occasionally employed in illuminating manuscripts, and some write to the dictation of others."—*British and Foreign Med. Review.*

#### UNIVERSITY OF NEW YORK.

THE Lectures in this Institution will commence on the last Monday of October, and continue four months.

VALENTINE MOTT, M.D., Prof. of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

JOHN REVEKE, M.D., Prof. of the Theory and Practice of Medicine.

GRANVILLE SHARP PATTISON, M.D., Prof. of General and Descriptive Anatomy.

MARTYN PAINE, M.D., Prof. of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Prof. of Midwifery and the Diseases of Women and Children.

JOHN WILLIAM DRAPER, M.D., Prof. of Chemistry.

WM. H. VAN BUREN, M.D., Prosecutor to Prof. of Surgery.

WM. DARLING, M.D., Demonstrator of Anatomy.

The fees for a full Course of Lectures amount to \$105. The Student can attend one or more of the Courses, as he may be disposed, and pay only for the Lectures for which he enters. The fee for the Diploma is \$30. The Matriculation fee is \$5. The fee for admission to the Dissecting Rooms and Demonstrations is \$5.

The most ample opportunities for Clinical Instruction will be afforded to the Students of the University, and the facilities for dissection will be all that can be desired. The *matériel* is abundant and cheap. The dissecting rooms will be open on 1st of October.

The *New York Hospital*, 15 minutes walk from the College Buildings, is visited *daily*; and the Students have an opportunity of studying the various Medical and Surgical diseases of that Institution.

The *Eye and Ear Infirmary*, in which more than 1,400 patients are prescribed for annually, is open to the Students.

The *University Surgical Clinique* is attended every Saturday at the College Buildings by Prof. MOTT, and the University Students witness the various operations performed by the Professor. More than 600 patients, affected with every variety of malady, are brought before the Class during the session.

The *University Lying-in Charity*, under the charge of Prof. BEDFORD, is ample in its arrangements. During the past five sessions more than 1,200 cases of Midwifery have been attended by the Students of the University.

In addition to these facilities for Clinical observation, there are the various Dispensaries and Charities of the city, containing not less than 40,000 patients, presenting every possible aspect and character of disease.

Excellent Board and Lodging can be had in the vicinity of the College for \$2.50 to \$3 per week.

The number of Students in attendance the last session was 407; and the Degree of Doctor of Medicine was conferred on 135.

N. B.—Students on arriving in the city, by calling at the College Building, 659 Broadway, and asking for the Junior, will be conducted to Boarding-houses.

Any farther information respecting the Institution can be had by addressing the Secretary, Prof. Draper, 659 Broadway.

New York, May 11, 1846.

By order,

JOHN W. DRAPER, Sec'y.

May 20.—ept Nov. 15.







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